8932 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 68932

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Geo. Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Capitol Heights 36
STREET ADDRESS (If rural give location) 6000 7 St 1

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Boy (Last) Atwell

4. DATE OF DEATH (Month) Sept (Day) 15 (Year) 1955

5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 9. Sept 1955
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days 6 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles E. Atwell
14. MOTHER'S MAIDEN NAME: Dorothy Walker.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: mother - as above.

18. MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
754.5
IMMEDIATE CAUSE (A) Coarctation of aorta
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Complete situs inversus
DUE TO (C) Right sided heart and L spleen

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Left sided appendix & gall bladder.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/9, 1955, to 9/15, 1955, that I last saw the deceased alive on 9/14, 1955, and that death occurred at 12:05 A M. from the causes and on the date stated above.

SIGNATURE Julius Kauffman, M.D. ADDRESS Bladensburg, Md. DATE SIGNED 9/15/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 9/23/55
NAME OF CEMETERY OR CREMATORY Prince Georges Gen Hosp
LOCATION (City, town, or county) (State) Cheverly Md

DATE REC'D BY LOCAL REGISTRAR 9/24/55
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Harry W Penn Jr Supt
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

M C I

8983 | 08933

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 242

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Oxon Hill
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4534 Wheeler Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Oxon Hill
STREET ADDRESS (If rural, give location) 4534 Wheeler Road

3. NAME OF DECEASED (Type or Print): (First) Arthur (Middle) (Last) Beach
4. DATE OF DEATH: (Month) Sept (Day) 23 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: - 1875
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months | Days. IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James R Beach
14. MOTHER'S MAIDEN NAME: Susan Epps

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Cassie Grasso, 341-14th St N.E. Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 442X

Immediate cause (a) Congestive heart failure

DUE TO

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James T Boyd M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9-24-55

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF Sept. 24-55
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REG. Sept. 24-55
REGISTRAR'S SIGNATURE Carrie Campbell.
24. FUNERAL DIRECTOR John T. Stewart
ADDRESS 304 - St N.E. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

VS. A15 — 10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08934

8984

CERTIFICATE OF DEATH

Reg. Dist. No. 2 32

1. PLACE OF DEATH:
COUNTY Pr. Geo's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL-Upper Marlboro
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt. #4

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL-Upper Marlboro
STREET ADDRESS (If rural give location) Rt. #4

3. NAME OF DECEASED (Type or Print): (First) Arcenious (Middle) Wylie (Last) Bean

4. DATE OF DEATH: (Month) 9 (Day) 28 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: April 17, 1881

9. AGE last birthday 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dairy Farmer

10B. KIND OF BUSINESS OR INDUSTRY: Own Business

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Edwin Bean

14. MOTHER'S MAIDEN NAME: Mary Catherine Brady

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Katherine Buck, Upper Marlboro, Maryland.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.0 IMMEDIATE CAUSE	(A)	Acute cardiac decompensation	2-3 days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B)	Hypertensive, arteriosclerotic heart disease	10-20 years
	DUE TO (C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/14 1955, to 9/28/55 19...., that I last saw the deceased alive on Sept 27, 1955, and that death occurred at 6 25/A. M, from the causes and on the date stated above.

SIGNATURE Sidney W. Lowry M.D. ADDRESS 7200 Marlboro Pike S.E. District Hgts. Md. DATE SIGNED 9/29/55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 10/1/55

NAME OF CEMETERY OR CREMATORY Epiphany Cemetery

LOCATION (City, town, or county) (State) Forestville, Maryland

DATE REC'D BY LOCAL REGISTRAR Oct 1 1955

REGISTRAR'S SIGNATURE John F. Danner

24. FUNERAL DIRECTOR Ritchie Bros. ADDRESS Upper Marlboro, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08935

8933

Item 7, FilmG188 10-20-55 et

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Cheverly
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Geo. Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Rainier 16
STREET ADDRESS (If rural give location) 4213 - 34th Street 1

3. NAME OF DECEASED: (Type or Print) (First) Edgar (Middle) A. (Last) Bean.

4. DATE OF DEATH: (Month) Sept (Day) 24 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 9-29-1874
9. AGE last birthday 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY: U S Govt.
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William W Bean
14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Hospital Records Cheverly. Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

IMMEDIATE CAUSE (A) Coronary Heart Disease c Failure — 2 + months

DUE TO

ANTECEDENT CAUSE (B) Arteriosclerotic Cardio Vascular Disease — 5 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1955, to Sept 24, 1955, that I last saw the deceased alive on 9-23, 1955, and that death occurred at 6:45 AM. from the causes and on the date stated above.

SIGNATURE Waldo B. Moyer M.D. ADDRESS Mt. Rainier Md DATE SIGNED 9.25.55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF sept 27, 1955
NAME OF CEMETERY OR CREMATORY Asbury Cemetery
LOCATION (City, town, or county) (State) Bean settlement West Va

DATE REC'D BY LOCAL REGISTRAR Sept. 26, 1955
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F Gasch's Sons ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

9/29/55

VS. A15 — 10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

9/10/

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08936

8934

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale — 25
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp 4408 Queensbury Rd — 76

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lanham
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First) THERESA (Middle) Nan (Last) Beckett

4. DATE OF DEATH: (Month) 9 (Day) 2 (Year) 1955

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH: 6-29-84
9. AGE last birthday 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hw
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hugh Augustine Masterson
14. MOTHER'S MAIDEN NAME: Glostrie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X

IMMEDIATE CAUSE (A) Cerebral haemorrhage — 2 wks

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 16, 1955 to Sept 2, 1955, that I last saw the deceased alive on 9-2, 1955, and that death occurred at 6 P M. from the causes and on the date stated above.

SIGNATURE Leonard Hays M.D. ADDRESS Hyattsville Md DATE SIGNED 9-3-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Sept 6, 1955
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) (State) Colmar Manor, Md

DATE REC'D BY LOCAL REGISTRAR 9/5/55
REGISTRAR'S SIGNATURE Mrs. Jas. Devere Deputy
24. FUNERAL DIRECTOR Gasch's Sons ADDRESS Hyattsville, Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

8935

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08937

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges' Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY "; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bladensburg; STREET ADDRESS (If rural give location) 4200 - 52nd. St.

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) E. (Last) Benton

4. DATE OF DEATH: (Month) Sept (Day) 19 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W

8. DATE OF BIRTH: 4-23-81

9. AGE last birthday: 74 yrs; IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Contractor

10B. KIND OF BUSINESS OR INDUSTRY: Carpenter

11. BIRTHPLACE (State or foreign country): Wash. D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Charles E. Benton 4200 52nd St.

18. MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Carcinoma Bladder

181X

IMMEDIATE CAUSE (A) CA of Bladder

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [ ] NO [ ]

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 19 , to , 19 , that I last saw the deceased alive on Same 19 and that death occurred at M. from the causes and on the date stated above. 9/19/55

SIGNATURE Louis B. Rachbach M.D. ADDRESS 9/15 - 9/19 DATE SIGNED 9/19/55

Peter Henkel Jr. — Queens Chapel Rd Hyattsville 9/19/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 9-22-55

NAME OF CEMETERY OR CREMATORY Prospect Hill

LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR 9/12/55

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Deal Funeral Home ADDRESS 4800 Ga. Ave.

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8936

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 — 08938 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale
LENGTH OF STAY (in this place) D-O-A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Montgomery
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Burtonsville 15 x 2
STREET ADDRESS (If rural, give location) Santini Road

3. NAME OF DECEASED (Type or Print): (First) Philip (Middle) Ralph (Last) Benton

4. DATE OF DEATH (Month) (Day) (Year) 9-24- 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11-4-28
9. AGE last birthday: 26 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Wash. Sub. San. Comm.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Ralph E. Benton
14. MOTHER'S MAIDEN NAME: Lois E. Wishard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: 216-22-0154
17. INFORMANT & ADDRESS: Merrin V. Benton, 1402 Snowden Pl. Laurel, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Compound fracture & dislocation 3rd & 4th cervical vertebrae with compression of cord
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Automobile accident
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,) Street
21c. (City or town) (County) (State) College Park - Pr. Geo Md
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-24-55 ? .M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Car in which deceased was riding collided with truck

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville Md) M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9-24-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 9/27/55
NAME OF CEMETERY OR CREMATORY St Marys Cemetery
LOCATION (City, town, or county) (State) Laurel, Maryland

DATE REC'D BY LOCAL REG. Sept 26-1955
REGISTRAR'S SIGNATURE Mrs. Jas. Severe) deputy
24. FUNERAL DIRECTOR ADDRESS De Witt Donaldson, Laurel, Md

VS. A15A-5-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08939

8937 **CERTIFICATE OF DEATH** Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

1

1. PLACE OF DEATH COUNTY PRINCE GEORGES MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 CHEVERLY LENGTH OF STAY (in this place) 4 DAYS HOSPITAL ~~OR~~ INSTITUTION ~~OR STREET ADDRESS~~ 77 PRINCE GEORGES GENERAL	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY PRINCE GEORGES CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LAUREL 12 STREET ADDRESS (If rural give location) 210 10th ST.
3. NAME OF DECEASED: (Type or Print) (First) MACIE (Middle) (Last) BLANKENSHIP	4. DATE OF DEATH: (Month) 9 (Day) 1 (Year) 1955
5. SEX. F 6. COLOR OR RACE W 7. ~~SINGLE,~~ MARRIED, ~~WIDOWED, DIVORCED~~ (Specify):	8. DATE OF BIRTH: 1-28-76 9. AGE last birthday 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10B. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country) VIRGINIA 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Unknown	14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) — 16. SOCIAL SECURITY No. —	17. INFORMANT & ADDRESS. Statistic Card.

18. MEDICAL CERTIFICATION

			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 331X			
IMMEDIATE CAUSE	(A)	Cerebro vascular accident	3 days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B)	Arteriosclerosis	Years
	DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			

19A. DATE OF OPERATION: U 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B PLACE OF INJURY (Home, farm, factory, street, office bldg., etc. 21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-28, 1955, to 9-1, 1955, that I last saw the deceased alive on 9-1, 1955, and that death occurred at 8:30 P M. from the causes and on the date stated above.

SIGNATURE Harold [illegible] M.D. ADDRESS 5432 [illegible] Hyattsville DATE SIGNED 9/1/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 9/3/55. NAME OF CEMETERY OR CREMATORY Ft. Lincoln LOCATION (City, town, or county) (State) Colmar Manor, Md

DATE REC'D BY LOCAL REGISTRAR 9/3/55 REGISTRAR'S SIGNATURE Amanda Downey 24. FUNERAL DIRECTOR F Gasch's Sons ADDRESS Hyattsville Md

VS. A15—10-53

VS. A15 — 10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08940

8985

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH. COUNTY Pr. George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chillum Md. LENGTH OF STAY (in this place) 14 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 850 Berkshire Dr.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chillum
STREET ADDRESS (If rural give location) 850 Berkshire Dr.

3. NAME OF DECEASED: (Type or Print) (First) ALFRED (Middle) JOSEPH (Last) BROOKS

4. DATE OF DEATH (Month) 9 (Day) 26 (Year) 1955

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M.

8. DATE OF BIRTH: Nov 21, 1892

9. AGE last birthday 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter

10B. KIND OF BUSINESS OR INDUSTRY: Painter

11. BIRTHPLACE (State or foreign country): Massachusetts

12. CITIZEN OF WHAT COUNTRY? USA

13 FATHER'S NAME: ALFRED BROOKS

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) none

16. SOCIAL SECURITY NO. 579 103071

17. INFORMANT & ADDRESS: Wife - 850 Berkshire Dr. Chillum Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 151X IMMEDIATE CAUSE	(A) Metastatic carcinoma to liver & lungs	6 mo.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(B) Carcinoma of stomach	10 mo.
DUE TO	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: Mar. 1 1955

19B. MAJOR FINDINGS OF OPERATION Carcinoma of stomach with metastasis

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-19, 1955, to 9-26, 1955, that I last saw the deceased alive on 9-19, 1955, and that death occurred at 1 P. M. from the causes and on the date stated above.

SIGNATURE R.L. Bauer M. D. ADDRESS Hyattsville Md. DATE SIGNED 9-26-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 9/29/55

NAME OF CEMETERY OR CREMATORY Wash. Natl.

LOCATION (City, town, or county) (State) Suitland. Md.

DATE REC'D BY LOCAL REGISTRAR Sept 27. 1955

REGISTRAR'S SIGNATURE Mrs Jas Sweere Deputy

24. FUNERAL DIRECTOR W.W. Chambers Co. 5801 Cleveland Ave Riverdale Md

VS. A15 — 10 — 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

9938

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08941

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Cheverly — LENGTH OF STAY (in this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Geo. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 27 - D.C. X
STREET ADDRESS (If rural give location) 6202 - A. Brooks Rd SE 1

3. NAME OF DECEASED: (Type or Print) (First) Hattie (Middle) Rosalia (Last) Brown

4. DATE OF DEATH: (Month) Sept (Day) 19 (Year) 1955

5. SEX Female 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married 8. DATE OF BIRTH: 3-14-1887 9. AGE last birthday 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H 10B KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Va. 12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Darby Eaves 14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None 16. SOCIAL SECURITY NO. none 17. INFORMANT & ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 170X
IMMEDIATE CAUSE (A) Carcinoma of the Breast
ANTECEDENT CAUSE (S) DUE TO (B) with diffuse metastasis
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)
INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B PLACE OF INJURY (Home, farm, factory street, office bldg., etc. 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/2, 1955, to 9/19, 19 , that I last saw the deceased alive on 9/ , 19 , and that death occurred at 2:10 A M. from the causes and on the date stated above.
SIGNATURE [illegible] ADDRESS 8432 [illegible] Chapel Rd Hyattsville Md DATE SIGNED 9/19/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 9/22/55 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) (State) Suitland Md

DATE REC'D BY LOCAL REGISTRAR 9/20/55 REGISTRAR'S SIGNATURE Amanda Downey 24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS 517-11 st SE Wash D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08942

8986

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Edmonston
LENGTH OF STAY (in this place) 37 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5104 Decatur St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Edmonston
STREET ADDRESS (If rural give location) 5104 Decatur St

3. NAME OF DECEASED (Type or Print) (First) Orion (Middle) Reed (Last) Butler

4. DATE OF DEATH: (Month) 9 - (Day) 29 (Year) 1955

5. SEX. Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 9 Dec 1887
9. AGE last birthday 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): War Dept. Clerk
10B. KIND OF BUSINESS OR INDUSTRY: U.S. Govt.
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Martin Butler
14. MOTHER'S MAIDEN NAME: Susan Milloway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W.I
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS Mary J. Butler Same as # 2 (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
420.0 IMMEDIATE CAUSE	(A)	Coronary Occlusion	5 min
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B)	Arteriosclerotic heart disease	3 weeks
	DUE TO (C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE OF INJURY (Home, farm, factory street, office bldg., etc.
21C WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/1, 1955, to 9/29, 1955, that I last saw the deceased alive on 9/24, 1955, and that death occurred at 11:15 P.M, from the causes and on the date stated above.
SIGNATURE John Rebm M.D. ADDRESS Cheverly Md DATE SIGNED 9/30/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 10-3-55
NAME OF ~~CEMETERY OR~~ CREMATORY Ft. Lincoln Cemetery
LOCATION (City, town, or county) Colmar Manor (State) Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 2, 1955
REGISTRAR'S SIGNATURE Mrs. Jas Beverse deputy
24. FUNERAL DIRECTOR F. Gasch's Sons. ADDRESS Hyattsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Items 8,12,13,14 Filmed 8 10-24-55 et

8939

CERTIFICATE OF DEATH

08943

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bladensburg
STREET ADDRESS (If rural give location) 4203 Edmonston

3. NAME OF DECEASED (Type or Print) (First) Sara (Middle) (Last) Caputo

4. DATE OF DEATH (Month) Sept (Day) 23 (Year) 1955

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: 4-19-84 — 88
9. AGE last birthday: 67 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY? Italy 1st U.S. papers only

13. FATHER'S NAME: Joseph Cala
14. MOTHER'S MAIDEN NAME: Angelina Lamantia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Statistical card

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

IMMEDIATE CAUSE (A) Myocardial Infarct — Funnel

ANTECEDENT CAUSE (S) DUE TO (B) Coronary Artery Disease — 5 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST — DUE TO (C) Cardio Vascular Renal disease — 10 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 194 , to 9/23 , 195 , that I last saw the deceased alive on 9/22 , 1955, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

SIGNATURE Gordon W. Kelley M.D. ADDRESS Hyattsville Md DATE SIGNED 9/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 9/26/55
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REGISTRAR 9/23/55
REGISTRAR'S SIGNATURE Amanda Downey
24 FUNERAL DIRECTOR H Ron DeVol ADDRESS 2224 Wis Ave NW Wash DC

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

8987

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08944

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH
COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chillum Md
LENGTH OF STAY (in this place) 33 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 909 Chillum Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chillum Md
STREET ADDRESS (If rural give location) 909 Chillum Road

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) WASHINGTON (Last) CHAPMAN

4. DATE OF DEATH (Month) (Day) (Year) September 19, 1955.

5. SEX male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Feb 22, 1883
9. AGE last birthday 72 yrs — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10B KIND OF BUSINESS OR INDUSTRY: Machinist U S Gov't
11 BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U S A

13 FATHER'S NAME: Henry Albert Chapman
14. MOTHER'S MAIDEN NAME: Sarah Burris

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16 SOCIAL SECURITY NO none
17. INFORMANT & ADDRESS Mrs. Lois Nine Chillum Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — 420.1

IMMEDIATE CAUSE (A) Acute Coronary thrombosis

ANTECEDENT CAUSE — DUE TO (B) Coronary insufficiency

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST — DUE TO (C) Generalized arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE OF INJURY (Home, farm, factory street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-4, 1954, to 9-21, 1955, that I last saw the deceased alive on 9-14, 1955, and that death occurred at M. from the causes and on the date stated above.

SIGNATURE A Ye[illegible] M.D. ADDRESS Hyattsville Md DATE SIGNED 9-21-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Sept 22, 1955
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery
LOCATION (City, town, or county) (State) Colmar Manor, Md.

DATE REC'D BY LOCAL REGISTRAR Sept 27 1955
REGISTRAR'S SIGNATURE James Percy
24. FUNERAL DIRECTOR F. Gasch's Sons ADDRESS Hyattsville, Maryland.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

8988

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08945 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 242

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Temple Hills
LENGTH OF STAY (in this place) 8 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5542 - Selby Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Pr. Geo
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Temple Hills
STREET ADDRESS (If rural, give location) 5542 - Selby Lane

3. NAME OF DECEASED: (Type or Print) (First) Malcolm (Middle) Otho (Last) Chunn

4. DATE OF DEATH (Month) 9 - (Day) 12 - (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 11-22 02

9. AGE last birthday: 32 yrs. | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy.

11. BIRTHPLACE (State or foreign country): Mississippi

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Berry Chunn

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) U.S. Navy 30 yrs.

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Daughter Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Acute congestive heart failure
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Coronary occlusion
DUE TO
(c) Coronary thrombosis.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9-12-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Sept 16. 1955
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington Va.

DATE REC'D BY LOCAL REG. Sept 15" 1955
REGISTRAR'S SIGNATURE Carrie Campbell

24. FUNERAL DIRECTOR ADDRESS F. Gasch's Sons Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08946

8989

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glenn Dale (RURAL)
LENGTH OF STAY (in this place) 7 mo's, 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 47x-3
STREET ADDRESS (If rural, give location) 2933 Georgia Ave., N.W.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) C. (Last) Church

4. DATE OF DEATH: (Month) Sept. (Day) 2 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH: 9/22/93
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laundry work
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Montgomery Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Edw., Church
14. MOTHER'S MAIDEN NAME: Lisa Church(?)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) Army, 1916-17
16. SOCIAL SECURITY NO.: ?
17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 451X
Immediate cause (a) Dissecting Aneurysm of Abdominal Aorta — INTERVAL BETWEEN ONSET AND DEATH: 1 day
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerosis —
DUE TO
(c)
0025

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis Arrested [1m]

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/17, 1955, to 9/2, 1955, that I last saw the deceased alive on 9/1, 1955, and that death occurred at 5:00 A.m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Pinocciano (DEGREE OR TITLE) M.D. ADDRESS Glenn Dale Hospital, Glenn Dale, Maryland. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 9/6/55
NAME OF CEMETERY OR CREMATORY Arlington Natl Cemetery
LOCATION (City, town, or county) Arlington (State) Virginia

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE Ural Weiss
24. FUNERAL DIRECTOR R.L. Snowden Co. ADDRESS 246 N. Washington St. Rockville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

08947

STATE DEPARTMETT OF HEALTH

MARYLAND

8990

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY Prince Georges Co MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural - Laurel
LENGTH OF STAY (in this place): 8-4-54 to 9-15-55
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Laurel Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Washington 47X-3
STREET ADDRESS (If rural, give location): 4518 30th St N.W.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Mary Elizabeth Clark

4. DATE OF DEATH (Month) (Day) (Year): Sept 15 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 1870
9. AGE last birthday: 85 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Wm. Bergman
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Margaret Nash 5320 Blackstone Rd. Wash. 16 D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1

Immediate cause (a) Chronic myocarditis — 2 yr

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis generalized — 15 yr

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 7, 1955, to Sept 15, 1955, that I last saw the deceased alive on Sept 15, 1955, and that death occurred at 12:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robert S. McCinney M.D. 402 Main St Laurel Md 9/15/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Sept 17-55
NAME OF CEMETERY OR CREMATORY: Cedar Hill
LOCATION (City, town, or county) (State): Suitland Md

DATE REC'D BY LOCAL REG.: Sept 15-55
REGISTRAR'S SIGNATURE: M. Brashears
24. FUNERAL DIRECTOR: Jos. Gawler's Sons
ADDRESS: 1756 Pa. Ave

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8991

CERTIFICATE OF DEATH

08948

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) x Wildercroft Riverdale P.O.
LENGTH OF STAY (in this place) 35 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6333 Auburn Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wildercroft, Riverdale P.O. x
STREET ADDRESS (If rural give location) 6333 Auburn Avenue

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) CLYMER (Last) CLEMMER

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 26th 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 28th, 1876

9. AGE last birthday 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter--Retired

10B. KIND OF BUSINESS OR INDUSTRY: General Const.

11. BIRTHPLACE (State or foreign country): St. Denis, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Clemmer

14. MOTHER'S MAIDEN NAME: Eloise Way

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Mrs. Iva E. Clemmer 6333 Auburn Ave. Wildercroft, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X

IMMEDIATE CAUSE (A) Cerebrovascular Accident — 3 years

ANTECEDENT CAUSE (S) DUE TO Hypertension

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 11, 1955, to Sept. 26, 1955, that I last saw the deceased alive on Sept. 19, 1955, and that death occurred at 1:30 P.M, from the causes and on the date stated above.

SIGNATURE Arnold J. Lear M.D. ADDRESS 4314 Gallatin St. Hyattsville DATE SIGNED 9/26/55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 9/29/1955
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery
LOCATION (City, town, or county) (State) Colmar Manor, Pr. Geo. Co. Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 29 1955
REGISTRAR'S SIGNATURE James Severy

24. FUNERAL DIRECTOR ADDRESS
W.W.Chambers Company, Riverdale, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1808949

8949

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
38 CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Cheverly, Md.
LENGTH OF STAY (in this place) 3 days
77 HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) East Riverdale, Md.
STREET ADDRESS (If rural give location) 5505 - 63rd Ave. 1

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) FRED (Last) Cloud

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 17, 1955

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH Jan. 13, 1901
9. AGE last birthday 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST
10B KIND OF BUSINESS OR INDUSTRY U.S. NAVAL GUN FACTORY
11. BIRTHPLACE (State or foreign country): DALLAS TEXAS
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: HELEN M. CLOUD 5505-63rd AVE RIVERDALE

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
420.1 IMMEDIATE CAUSE	(A)	Myocardial failure	
ANTECEDENT CAUSE (S)	DUE TO (B)	Occlus. Lt. cor. Art.	4 days
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE OF INJURY (Home, farm, factory street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-13, 1955, to 9-17, 1955, that I last saw the deceased alive on 9-16, 1955, and that death occurred at 1 A. M, from the causes and on the date stated above.

SIGNATURE Ronald A. Flenner ADDRESS 5432 Annapolis Road Hyattsville, Md. DATE SIGNED 9/17/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 9/20/1955
NAME OF CEMETERY OR CREMATORY CEDAR HILL CEM.
LOCATION (City, town, or county) (State) SUITLAND PR. GEO. CO. MD.

DATE REC'D BY LOCAL REGISTRAR 9/18/55
REGISTRAR'S SIGNATURE Amanda Downey
24 FUNERAL DIRECTOR W. W. CHAMBERS CO.
ADDRESS 517-11 St. S.E. Wash. D.C.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8941

CERTIFICATE OF DEATH

08950 Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Georges General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville 16
STREET ADDRESS (If rural give location) 2200 Banning Pl 1

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) (Last) Cobb

4. DATE OF DEATH: (Month) 9 (Day) 17 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M

8. DATE OF BIRTH: ?

9. AGE last birthday 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
331X IMMEDIATE CAUSE	(A) Cerebral hemorrhage	5 days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Hypertension	20 yrs.
	DUE TO (C) Silicosis	20 yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-17, 1955, to 9-17, 1955, that I last saw the deceased alive on 9-17, 1955, and that death occurred at 2 P M. from the causes and on the date stated above.

SIGNATURE R H Banner M. D. ADDRESS Hyattsville Md DATE SIGNED 9-17-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 9/19/55

NAME OF CEMETERY OR CREMATORY Blandford

LOCATION (City, town, or county) (State) Petersburg, Va

DATE REC'D BY LOCAL REGISTRAR 9/17/55

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Lee Funeral Home

ADDRESS

08951

8992

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

1. PLACE OF DEATH COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington DC
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6363 Oxon Hill Rd

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Pr Geo Co
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oxon Hill
STREET ADDRESS (If rural, give location) 6363 Oxon Hill Rd

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) B. (Last) COFLIN

4. DATE OF DEATH (Month) 9 (Day) 11 (Year) 1955

5. SEX MALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED

8. DATE OF BIRTH

9. AGE last birthday ABOUT 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk of Courts

10b. KIND OF BUSINESS OR INDUSTRY U.S. District Court

11. BIRTHPLACE (State or foreign country) Batavia, New York.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME David A. Coflin.

14. MOTHER'S MAIDEN NAME Harriet Bufton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none

16. SOCIAL SECURITY No. unknown

17. INFORMANT Donald M. Sullivan, attorney

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

974X

Immediate cause (a) Strangulation by

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) hanging

(c)

INTERVAL BETWEEN ONSET AND DEATH: Sudden

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Partial paralysis of the body

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Oxon Hill (COUNTY) Pr Geo (STATE) Md
TIME OF INJURY (Month) Sept (Day) 11 (Year) 1955 (Hour) 6 P m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Hanging by [illegible]

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE [illegible] (Degree or title) MD ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF 9-14-1955
NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.
LOCATION (City, town, or county) (State) Suitland, Maryland

DATE REC'D BY LOCAL REG. Sept. 13-55
REGISTRAR'S SIGNATURE Carrie Campbell

24. FUNERAL DIRECTOR ADDRESS W.W. Chambers Co Washington DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 11116 /

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mitchellville X
STREET ADDRESS (If rural give location) Box 150, 1

3. NAME OF DECEASED: (Type or Print) (First) — (Middle) — (Last) Coleman

4. DATE OF DEATH: (Month) Sept. (Day) 26 (Year) 1955

5. SEX Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 9/26/55

9. AGE last birthday: — yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. 50

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): —

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Walter King

14. MOTHER'S MAIDEN NAME: Sara C. Coleman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) ?

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: mother — as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 774 X

IMMEDIATE CAUSE (A) Prematurity — Previable 11 oz. birth wt.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/26, 1955, to 9/26, 1955 that I last saw the deceased alive on 9/26, 1955, and that death occurred at 9:50 A.M. from the causes and on the date stated above.

SIGNATURE C. H. Christensen M D ADDRESS College Park DATE SIGNED 9/26/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation DATE THEREOF 11/17/55 NAME OF CEMETERY OR CREMATORY Prince Georges Gen. Hosp. LOCATION (City, town, or county) (State) Cheverly Md

DATE REC'D BY LOCAL REGISTRAR 11/19/55 REGISTRAR'S SIGNATURE Amanda Downe

24. FUNERAL DIRECTOR Harry W. Penn Jr. Supt. ADDRESS

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08952

8925

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY: Prince George's Co. MARYLAND
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town): W. Hyattsville Md — LENGTH OF STAY (in this place): 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2304 Lancer Dr. W. Hyattsville Md

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Same — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Same
STREET ADDRESS (If rural give location): Same

3. NAME OF DECEASED (Type or Print): (First) KENNETH (Middle) (Last) COLEMAN

4. DATE OF DEATH: (Month) Sept. (Day) 2 (Year) 1955

5. SEX: M.
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S
8. DATE OF BIRTH: 3 Aug 1953
9. AGE last birthday: 2 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Major D J Coleman Jr
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: MRS GEORGE OXFORD-FALLS CHURCH VA.

18. MEDICAL CERTIFICATION

Interval Between Onset And Death

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 7543

Immediate cause (a) Heart failure — 4 days

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Congenital heart disease — life

DUE TO

(c) I. V. septal defect.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. severe upper respiratory infection — 1 week

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Nov., 1953, to 2 Sept., 1955, that I last saw the deceased alive on 9/1, 1955, and that death occurred at 9:30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title): Joseph McDonald M.D. — ADDRESS: 907 Kay Rd. W. Hyattsville, Md — DATE SIGNED: 9/2

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9/20/1955 — NAME OF CEMETERY OR CREMATORY: MASONIC CEMETERY — LOCATION (City, town, or county) (State): CULPEPPER VA.

DATE REC'D BY LOCAL REGISTRAR: Sept. 20, 1955 — REGISTRAR'S SIGNATURE: Mrs. Jas. Sewell (Deputy)
24. FUNERAL DIRECTOR — ADDRESS: W. W. CHAMBERS CO-RIVERDALE, MD.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

8993 08953 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 2140

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brandywine
LENGTH OF STAY (in this place) 80 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Magruder's Ferry Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Brandywine
STREET ADDRESS (If rural, give location) Magruder's Ferry Road

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) Columbus (Last) Cross

4. DATE OF DEATH (Month) 9 (Day) 16 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10-5-1872
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Cross
14. MOTHER'S MAIDEN NAME: Elizabeth Alvey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Wife - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
976X Immediate cause	(a) Hemorrhage & shock	
DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Gunshot wound of chest	
DUE TO	(c)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Metastatic Carcinoma of prostate	

19a. DATE OF OPERATION: —
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,) Home
21c. (City or town) Brandywine - (County) P. Geo - (State) Md

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-16-55 4.45 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Self inflicted gun shot wound

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9-16-55

23. BURIAL, CREMATION, REMOVAL (Specify): | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. Sept. 21, 1955
REGISTRAR'S SIGNATURE L. H. Billingsley
24. FUNERAL DIRECTOR | ADDRESS

VS. A15A - 5 - 53

8942 Item 9, Film 6156 9-18-55 et

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08954

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fairmont Heights
STREET ADDRESS (If rural give location) 1001 Eastern Avenue

3. NAME OF DECEASED: (Type or Print) (First) Cecelia (Middle) (Last) Curtis

4. DATE OF DEATH (Month) 9 (Day) 7 (Year) 1955

5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH 5-2-1897
9. AGE last birthday 58 yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Statistic Card

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 44 X

			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A)	Cerebro vascular thrombosis	11 days
ANTECEDENT CAUSE (S)	DUE TO (B)	Hypertensive cardio-vascular disease	Years
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION.
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 27, 1955 to 9/7, 1955, that I last saw the deceased alive on 9/7, 1955, and that death occurred at 9:15 P.M. from the causes and on the date stated above.

SIGNATURE [illegible] M.D. ADDRESS [illegible] DATE SIGNED 9/8/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)
DATE THEREOF 9/8/55
NAME OF CEMETERY OR CREMATORY John T. Stewart
LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REGISTRAR 9/8/55
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR ADDRESS John T. Stewart, Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

8943

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08955

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS D.O.A. Prince Georges Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Rainier 16
STREET ADDRESS (If rural give location) 3714-37th Street

3. NAME OF DECEASED (Type or Print): (First) Frederick (Middle) E. (Last) Donahue, Sr.

4. DATE OF DEATH: (Month) 9 (Day) 19 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4/27/1890
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheet metal
10B. KIND OF BUSINESS OR INDUSTRY: U.S. Government
11. BIRTHPLACE (State or foreign country): Oswego N.Y.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Timothy Donahue
14. MOTHER'S MAIDEN NAME: Nora Sullivan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 IMMEDIATE CAUSE (A) Coronary Thrombosis — 3 mins.

ANTECEDENT CAUSE (B) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 21, 1946 to 9/19, 1955 that I last saw the deceased alive on 9/17, 1955, and that death occurred at 7:30 A.M., from the causes and on the date stated above.
SIGNATURE Charles C. Hageage M.D. ADDRESS Mt. Rainier, Md. DATE SIGNED 9/19/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 9/22/55
NAME OF CEMETERY OR CREMATORY: St. Pauls
LOCATION (City, town, or county) (State): Oswego, N.Y.

DATE REC'D BY LOCAL REGISTRAR: Sept. 19 1955
REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR: Malleys Funeral Home, Inc. ADDRESS: Mt. Rainier, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

9/22/55

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08956

8994

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Aquasco
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: RR - Aquasco

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P.G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Aquasco
STREET ADDRESS (If rural give location): RR - Aquasco

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) (Last) Douglas Jr

4. DATE OF DEATH: (Month) Sept. (Day) 19 (Year) 1955

5. SEX: M.

6. COLOR OR RACE: N.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M.

8. DATE OF BIRTH: July 4, 1900

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farming

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Aquasco, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Douglas Sr.

14. MOTHER'S MAIDEN NAME: Mary Maddox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: 214-12-7148

17. INFORMANT & ADDRESS: wife - Mrs R. Douglas Jr - Aquasco Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 782.4

Immediate cause (a) Acute myocardial Failure

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death: sudden

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Aug 4, 1955, to Sept. 19, 1955, that I last saw the deceased alive on Aug 4, 1954, and that death occurred at 12:50 PM from the causes and on the date stated above.

SIGNATURE (Degree or title): Vabeh M. Seran M.D. ADDRESS: Aquasco, Md DATE SIGNED: 9/19/55

23. BURIAL, CREMATION, REMOVAL (Specify): [illegible] DATE THEREOF: [illegible] NAME OF CEMETERY OR CREMATORY: [illegible] LOCATION (City, town, or county): [illegible] (State): [illegible]

DATE REC'D BY LOCAL REGISTRAR: 9-22-55

REGISTRAR'S SIGNATURE: F. H. Billingsley

24. FUNERAL DIRECTOR: [illegible] ADDRESS: [illegible]

[illegible]

[illegible]

8944 08957

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cheverly
LENGTH OF STAY (in this place) 2 1/2 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Geo.
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Laurel. 41
STREET ADDRESS (If rural give location) 835-4th Street

3. NAME OF DECEASED: (Type or Print) (First) Donald (Middle) Welch (Last) Duvall

4. DATE OF DEATH (Month) 9 - (Day) 24 - (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: 4-22-1926
9. AGE last birthday: 29 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Plumber
10b. KIND OF BUSINESS OR INDUSTRY: Plumbing
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: James F. Duvall
14. MOTHER'S MAIDEN NAME: Susan A. Gers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: James F. Duvall - Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH
8160X
Immediate cause (a) Hemorrhage
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Fractured skull.
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,) Street
21c. (City or town) College park - (County) Pr Geo - (State) Md.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-24-55 P M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Car in which deceased was riding collided with truck

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9-24-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 9/27/55
NAME OF CEMETERY OR CREMATORY Ivy Hill Cemetery
LOCATION (City, town, or county) (State) Laurel, Maryland

DATE REC'D BY LOCAL REG. Sept 26. 55
REGISTRAR'S SIGNATURE [illegible] Downey
24. FUNERAL DIRECTOR ADDRESS Lee Witt Donaldson, Laurel, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

8995 08958

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 242

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillside
LENGTH OF STAY (in this place) 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1320 52nd Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY P. G.
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Hillside
STREET ADDRESS (If rural, give location) 1320 52nd Avenue

3. NAME OF DECEASED: (Type or Print) (First) Alonzo (Middle) Holland (Last) Edwards
4. DATE OF DEATH (Month) Sept (Day) 27 (Year) 19 55
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept 6, 1901
9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Unemployed
11. BIRTHPLACE (State or foreign country): Lincolnton N. C.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Louis Edwards
14. MOTHER'S MAIDEN NAME: Ada Nolan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Antha Edwards Barber 2130 N St. N. W Washington, D. C.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 322 X Immediate cause (a)	Acute congestive heart failure	
DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)	Alcoholism	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James G Yong M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 9/27/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF 9-29-55 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) (State) Suitland Md.

DATE REC'D BY LOCAL REG. 9/28/55 REGISTRAR'S SIGNATURE Carrie Campbell 24. FUNERAL DIRECTOR J. Wm Lee Son ADDRESS 300 4th St. N.W Wash. D. C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11129

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 12 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt Rainier
STREET ADDRESS (If rural give location) 4214- Russell Ave

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) Everett
4. DATE OF DEATH: (Month) Sept (Day) 12 (Year) 1955
5. SEX. Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: 12 Sept 1955
9. AGE last birthday — yrs; IF UNDER 1 YEAR Months — Days —; IF UNDER 24 HRS. Hours 12 Min. —
10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Robert E. Everett
14. MOTHER'S MAIDEN NAME: Jo Anne Chenault
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: mother - as above.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 762.5

			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A)	Neonatal anoxia	14 Hrs
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B)	neonatal atelectasis	"
	DUE TO (C)	Prematurity	"

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: "
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sep 12, 1955, to Sep 12, 1955, that I last saw the deceased alive on Sep 12, 1955, and that death occurred at 11:45 P.M. from the causes and on the date stated above.

SIGNATURE Samuel J. Sugar M.D. ADDRESS Mt Rainier Md DATE SIGNED Sep 13, 1955

23 BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 11/17/55
NAME OF CEMETERY OR CREMATORY Prince Georges Gen Hosp
LOCATION (City, town, or county) (State) Cheverly Md

DATE REC'D BY LOCAL REGISTRAR 11/17/55
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Harry W Penn by supt
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

M

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1[illegible]08960

CERTIFICATE OF DEATH

8996

Reg. Dist. No. 243

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Glenn Dale (rural)
LENGTH OF STAY (in this place) 3 yrs., 6 mos 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 08 Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY -
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 47x-3
STREET ADDRESS (If rural, give location) 1132 8th St., N. W. ✓

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) (Last) FOWLER

4. DATE OF DEATH: (Month) 9 (Day) 29 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 3/31/08
9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR Months - Days - IF UNDER 24 HRS. Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Presser
10b. KIND OF BUSINESS OR INDUSTRY: Embassy Valet
11. BIRTHPLACE (State or foreign country): Winston-Salem, N.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charlie Fowler
14. MOTHER'S MAIDEN NAME: Susan Gentry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) -
16. SOCIAL SECURITY No.: 578-18-8783
17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
002X
Immediate cause (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs
DUE TO
Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify, that I attended the deceased from 3/7, 1952, to 9/29, 1955, that I last saw the deceased alive on 9/29, 1955, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE Daniel Lee Pinucane (DEGREE OR TITLE) M. D. ADDRESS Glenn Dale Hospital, Glenn Dale, Md. DATE SIGNED 9/29/55

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF 10/3/55
NAME OF CEMETERY OR CREMATORY District of Columbia Morgue
LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. 9/29/55
REGISTRAR'S SIGNATURE Ure Weiss
24. FUNERAL DIRECTOR Daniel Lee Pinucane M.D. Supt. Glenn Dale Hospital
ADDRESS Glenn Dale, Md.

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

VS. A15 — 10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

N.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08961

8945

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly 28
LENGTH OF STAY (in this place) 7 HRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen Hospital 77

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) College Park 14
STREET ADDRESS (If rural give location) 9712 - 52nd Avenue 1

3. NAME OF DECEASED: (Type or Print) (First) Louisa (Middle) Sarah (Last) Carner

4. DATE OF DEATH: (Month) 9 (Day) 25 (Year) 1955

5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH 3-17-1871
9. AGE last birthday 84 yrs. If under 1 year: Months, Days. If under 24 hrs: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Sommerville
14. MOTHER'S MAIDEN NAME: Nancy Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Statistic Card

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331 X IMMEDIATE CAUSE (A) Cerebrovascular accident — 1 day

ANTECEDENT CAUSES: DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST: DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION. U
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/25, 1955, to 9/25, 1955, that I last saw the deceased alive on 9/25, 1955 and that death occurred at 4:49 P.M. from the causes and on the date stated above.
SIGNATURE Ralph H. Fowler Jr. ADDRESS 5432 Annapolis Road, Hyattsville Md DATE SIGNED 9/26/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 9/27/1955
NAME OF CEMETERY OR CREMATORY Auburn Cemetery
LOCATION (City, town, or county) (State) Auburn, Ritchie Co., W.Va.

DATE REC'D BY LOCAL REGISTRAR 9/26/55
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS Riverdale, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08962

8945

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Cheverly, Md.
LENGTH OF STAY (in this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE — COUNTY — 47X.3
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D.C.
STREET ADDRESS (If rural give location) 1730 - P St. N.W. ✓

3. NAME OF DECEASED: (Type or Print) (First) Alys (Middle) Millsaps (Last) Goforth

4. DATE OF DEATH: (Month) Sept. (Day) 22, (Year) 1955

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~ (Specify): Widowed

8. DATE OF BIRTH: Jan. 23, 1874

9. AGE last birthday 81 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife - Ret.

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Kansas City, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: H. P. Goforth

14. MOTHER'S MAIDEN NAME: Carrie E. Goforth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS Mrs. John D. Schroeder 5317 Riverdale Road, Riverdale, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval between onset and death
2040 IMMEDIATE CAUSE (A)	Cachexia	4 weeks
ANTECEDENT CAUSE (B) DUE TO — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	Leukemia, Lymphatic	Unknown
DUE TO (C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE OF INJURY (Home, farm, factory street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/20, 19 49, to 9/22, 19 , that I last saw the deceased alive on 9/21, 19 , and that death occurred at 8 A.M. from the causes and on the date stated above.

SIGNATURE Gordon W. Kelley M.D. ADDRESS Hyattsville DATE SIGNED 9/22/55

23. ~~BURIAL~~, CREMATION, REMOVAL (SPECIFY) CREMATION DATE THEREOF Sep. 22, 1955 NAME OF ~~CEMETERY OR~~ CREMATORY Cedar Hill Cemetery LOCATION (City, town, or county) (State) Suitland, Md.

DATE REC'D BY LOCAL REGISTRAR 9/22/55 REGISTRAR'S SIGNATURE Amanda Dunney

24. FUNERAL DIRECTOR W. W. Chambers ADDRESS Riverdale, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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VS. A15 — 10-53

2097

08963
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 242

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Aquasco
LENGTH OF STAY (in this place) transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 381

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Charles
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Benedict 08X-2
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Elizabeth Grace Gover

4. DATE OF DEATH (Month) (Day) (Year) 9 - 11 - 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2-16-17

9. AGE last birthday: 38 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): House-wife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Fredrick Springfield

14. MOTHER'S MAIDEN NAME: Marjorie Acton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: 855 - Xenia St., Ruby Cleveland - Wash., D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Intracranial hemorrhage & shock
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cerebral concussion & fracture of
DUE TO
(c) skull.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: —

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street

21c. (City or town) (County) (State) Near Aquasco - Pr. Geo. - Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 9-11-55 6.15 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Fall from automobile

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☒.

SIGNATURE John D. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9-12-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 9/14/55
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington Va

DATE REC'D BY LOCAL REG. 9/14/55
REGISTRAR'S SIGNATURE Carrie Campbell
24. FUNERAL DIRECTOR F. Gasch's Sons
ADDRESS Hyattsville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH

08964

8998

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 240

M

1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Geo MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aquasco — LENGTH OF STAY (in this place) Over
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westwood
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) RICHARD (Middle) E (Last) GRAY

4. DATE OF DEATH (Month) Sept (Day) 28 (Year) 1955

5. SEX M

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Sept 18 1914

9. AGE last birthday 41 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming

10b. KIND OF BUSINESS OR INDUSTRY Tenant

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME William Gray

14. MOTHER'S MAIDEN NAME Delphine Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Clara Gray Westwood Md

18. MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

Immediate cause (a) Acute Myocardial Failure — 1 hr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocardial Disease — Years

(c) Chronic C-V-R. Disease — Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 18, 1954, to Sept, 1955, that I last saw the deceased alive on Sept, 1955, and that death occurred at 2:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Vahel M Dean MD — Aquasco Md 9/28/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 9-31-55

NAME OF CEMETERY OR CREMATORY Arlington National

LOCATION (City, town, or county) Arlington (State) Va

DATE REC'D BY LOCAL REG. 9-30-55

REGISTRAR'S SIGNATURE M. L. Moore

24. FUNERAL DIRECTOR Hunt's Funeral Home ADDRESS

J. H. Billingsley & Co

Waldorf Md

8999 08965

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Rogers Heights
LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5021 - 54th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Rogers Heights
STREET ADDRESS (If rural, give location) 5019 - 54th Ave

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Dixon (Last) Greenhorn
4. DATE OF DEATH (Month) 9 - (Day) 21 - (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 5-23-1895
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Street Car operator
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Alexander Greenhorn
14. MOTHER'S MAIDEN NAME: Mary Ellen Dixon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W. 1
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Wife - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
442.X Immediate cause	(a) Acute heart failure	
DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Cardiovascular renal disease	
DUE TO	(c)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19a. DATE OF OPERATION: 0
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,)
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ and find that death resulted from: Natural causes ☒ Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9-21-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Sept 24. 1955
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) (State) Colmar Manor Md

DATE REC'D BY LOCAL REG. Sept 22, 1955
REGISTRAR'S SIGNATURE James Devery
24. FUNERAL DIRECTOR F. Gasch's sons ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08966

8947

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 27 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Highland Park
STREET ADDRESS (If rural give location) 1115 - 70th Pl.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) (Last) Harris Sr

4. DATE OF DEATH: (Month) Sept - (Day) 7 - (Year) 1955

5. SEX. Male
6. COLOR OR RACE: Black
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10-26-1890
9. AGE last birthday 64 yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Statistic Card.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Congestive Heart failure — 6 weeks

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerotic Heart Disease — Years

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 11, 1955 to 9 7, 1955 that I last saw the deceased alive on 9 7, 1955, and that death occurred at 1:55 A.M. from the causes and on the date stated above.

SIGNATURE [illegible] ADDRESS [illegible] Chapel Rd [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (SPECIFY) — Removal
DATE THEREOF 9/8/55
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR 9/8/55
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Henry S. Washington & Sons ADDRESS 467 N St NW

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08968

8948

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: Montgomery Co.
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 4968 Andrew St.

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Girl (Last) Horan

4. DATE OF DEATH: (Month) Sept. (Day) 9, (Year) 1955

5. SEX. F

6. COLOR OR RACE. W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify).

8. DATE OF BIRTH: 9/8/55

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours 20 Min. 49

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Horan, Thomas

14. MOTHER'S MAIDEN NAME: Lanman, Doris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

763.0 IMMEDIATE CAUSE (A) Aspiration pneumonia

ANTECEDENT CAUSE (S) DUE TO (B) Aspiration of mucus

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST DUE TO (C) Pulmonary Edema

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION.

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/8, 1955 to 9/9, 1955, that I last saw the deceased alive on 9/9, 1955, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

SIGNATURE C. Christensen M.D. ADDRESS Cheverly DATE SIGNED 9/9/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Sept 13 1955
NAME OF CEMETERY OR CREMATORY Arlington Nat. Cemetery
LOCATION (City, town, or county) (State) Arlington Va

DATE REC'D BY LOCAL REGISTRAR 9/9/55

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Hunteman Funeral Home ADDRESS 5732 Ga. ave Wash D.C.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08969

8949

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH.
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly LENGTH OF STAY (in this place) 1day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
STREET ADDRESS (If rural give location) 6404 - Oliver St

3. NAME OF DECEASED: (Type or Print) (First) Joe (Middle) L. (Last) Howell

4. DATE OF DEATH (Month) Sept (Day) 11 (Year) 1955

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH: 5-9-01

9. AGE last birthday 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CRANE Engineer

10B KIND OF BUSINESS OR INDUSTRY: CONSTRUCTION

11 BIRTHPLACE (State or foreign country): NORTH CAROLNIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WILL HOWELL

14. MOTHER'S MAIDEN NAME: DELIA

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 577-10-7438

17. INFORMANT & ADDRESS: MRS. GERTRUDE A. HOWELL (WIFE) MD. 6404 OLIVER ST. - EAST PINES, RIVERDALE,

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) CANCER OF LUNG	4 months
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B)	
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory street, office bldg., etc.) OF INJURY

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY, 1955, to 9-11-, 1955 that I last saw the deceased alive on 9-10-, 1955, and that death occurred at 5 55/A M. from the causes and on the date stated above.

SIGNATURE Albert Roth M.D. ADDRESS Riverdale DATE SIGNED 9-11-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF 9/14/55

NAME OF CEMETERY OR CREMATORY GEORGE WASHINGTON MEMORIAL

LOCATION (City, town, or county) (State) HYATTSVILLE, M.D.

DATE REC'D BY LOCAL REGISTRAR 9/12/55

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR W. W. CHAMBERS ADDRESS CO. - RIVERDALE, M.D.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

VS. A15 — 10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08970

8926

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH. COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 15 Hyattsville, Md.
LENGTH OF STAY (in this place): 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00 4305 Farragut St,.

2. USUAL RESIDENCE (HOME) OF DECEASED: 4305 Farragut Street
STATE Md. COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hyattsville Maryland
STREET ADDRESS (If rural give location): 4305 Farragut St,.

3. NAME OF DECEASED (Type or Print) (First) CECILE (Middle) LANGTON (Last) HOWRIGAN

4. DATE OF DEATH: (Month) (Day) (Year) Sept 18, 1955.

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Feb 22, 1877

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Vermont

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Joseph Langton

14. MOTHER'S MAIDEN NAME: Mary Conley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Roger F. Howrigan Rockville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0

IMMEDIATE CAUSE (A) Acute Myocardial Failure

DUE TO

ANTECEDENT CAUSE(S) — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) Arteriosclerotic Heart Disease

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE OF INJURY (Home, farm, factory street, office bldg., etc

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-27, 1955 to 9-18, 1955 that I last saw the deceased alive on 9-9, 1955, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Hyattsville Md DATE SIGNED 9-18-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Sept 21, 1955
NAME OF CEMETERY OR CREMATORY: George Washington
LOCATION (City, town, or county) (State): Hyattsville, Md.

DATE REC'D BY LOCAL REGISTRAR: Sept. 21, 1955
REGISTRAR'S SIGNATURE: Mrs. Jos. Severe (deputy)

24. FUNERAL DIRECTOR ADDRESS: F. Gasch's Sons Hyattsville, Maryland.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08971

8959

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY PRINCE GEORGE'S MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 CHEVERLY
LENGTH OF STAY (in this place) 15 MINUTES
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 PRINCE GEORGES GEN'L. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY P.G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) UPPER MARLBORO
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Genevieve Hutchison

4. DATE OF DEATH: (Month) (Day) (Year) 9 - 15 - 1955

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: 10-27-02
9. AGE last birthday 52 yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S. AMER.

13. FATHER'S NAME: James Washington Smith
14. MOTHER'S MAIDEN NAME: Josephine Windsor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.
17. INFORMANT & ADDRESS: Mrs. Jeannette DeVaughn Upper Marlboro, Md.

18. MEDICAL CERTIFICATION

			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 592X IMMEDIATE CAUSE	(A)	Acute Congestive Failure	1/2 hr
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B)	Hypertension	Unk
	DUE TO (C)	Chronic Interstitial Nephritis	Unk
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			

19A. DATE OF OPERATION. 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE OF INJURY (Home, farm, factory street, office bldg., etc)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 Sept, 1955, to 15 Sept, 1955, that I last saw the deceased alive on 15 Sept, 1955, and that death occurred at 7⁵⁰ PM, from the causes and on the date stated above.

SIGNATURE R. B. Jasser M.D. M.D. ADDRESS Upper Marlboro Md DATE SIGNED 9-16-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 9/19/55
NAME OF CEMETERY OR CREMATORY Epiphany Cemetery
LOCATION (City, town, or county) (State) Forestville, Md.

DATE REC'D BY LOCAL REGISTRAR 9/21/55
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Ritchie Bros. ADDRESS Upper Marlboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. This correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08972

8951

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Cheverly
LENGTH OF STAY (in this place) 8-days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Georges General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Rainier 16
STREET ADDRESS (If rural give location) 4012-29th Street 1

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Edgar (Last) Iglehart

4. DATE OF DEATH: (Month) 9 - (Day) 15 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 3/8/71
9. AGE last birthday 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10B. KIND OF BUSINESS OR INDUSTRY: Builder
11. BIRTHPLACE (State or foreign country): Montgomery Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Basil Burton Iglehart
14. MOTHER'S MAIDEN NAME: Amanda Burns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-14-5776A.
17. INFORMANT & ADDRESS: H. E. Wilmoth Nephew

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

332X

IMMEDIATE CAUSE (A) Cerebral Thrombosis — 8 days

ANTECEDENT CAUSE (S) DUE TO (B) Arteriosclerotic Cerebro-Vascular disease — 5 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1954, to 9/14, 1955, that I last saw the deceased alive on 9/14, 1955, and that death occurred at 4:40 A M, from the causes and on the date stated above.

SIGNATURE Leon L Gallier, M.D. M. D. ADDRESS Mt Rainier DATE SIGNED 9/15/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 9/17/55
NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR 9/17/1955
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR ADDRESS Nalley's Funeral Home, Inc. 3200 - R. I. Ave. Mt. Rainier, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

9/20/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08973

9060

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: Suitland Nursing Home
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SUITLAND
LENGTH OF STAY (in this place) 1 MONTH
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suitland Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY BALTIMORE
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE #7 33X-2
STREET ADDRESS (If rural give location) 3800 CEDAR DRIVE

3. NAME OF DECEASED (Type or Print): (First) JOSEPHINE (Middle) E. (Last) KILLMON

4. DATE OF DEATH: (Month) 9 - (Day) 6 (Year) 1955

5. SEX: fe

6. COLOR OR RACE: wh

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widow

8. DATE OF BIRTH: 5-3-92

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): WASHINGTON, DC

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WILLIAM CROGAN

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: JOHN R. KILLMON - 9903 - 47th Place COLLEGE PARK, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 334X

Immediate cause (a) Cerebral Apoplexy — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophic Arthritis — 10 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/16, 1944, to 9/6, 1955, that I last saw the deceased alive on 9/6, 1955, and that death occurred at 3:02 PM from the causes and on the date stated above.

SIGNATURE R C Kirchner (Degree or title) M.D. ADDRESS 907-11-NE - Wash DC DATE SIGNED 9-6-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9/9/1955
NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.
LOCATION (City, town, or county) (State) Suitland, Pr. Geo. Co. MD

DATE REC'D BY LOCAL REGISTRAR Sept. 8, 1955
REGISTRAR'S SIGNATURE Carrie Campbell

24. FUNERAL DIRECTOR W.W. CHAMBERS Co ADDRESS 517-11th ST SE. WASH. DC.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08974

Item 13 [illegible]

8952

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY [illegible] MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) [illegible]
LENGTH OF STAY (in this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE [illegible] COUNTY [illegible]
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) [illegible]
STREET ADDRESS (If rural give location) [illegible]

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Caroline King

4. DATE OF DEATH (Month) (Day) (Year) [illegible] 3 19[illegible]

5. SEX [illegible] 6. COLOR OR RACE [illegible] 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): 8. DATE OF BIRTH 1-29-55

9. AGE last birthday yrs / IF UNDER 1 YEAR Months Days / IF UNDER 24 HRS. Hours Min. [illegible]

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): D.C. 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Walter K. King

14. MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO 17. INFORMANT & ADDRESS.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

492x IMMEDIATE CAUSE (A) Pneumonitis with dehydration — 3 days

ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B PLACE OF INJURY (Home, farm, factory street, office bldg., etc.) 21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 , to , 19 , that I last saw the deceased alive on 9-3 , 19 55, and that death occurred at 8:50 P.M. from the causes and on the date stated above.

SIGNATURE [illegible] ADDRESS 1432 Queens Chapel Rd Hyattsville Md DATE SIGNED 9/4/55

23 BURIAL, CREMATION, REMOVAL (SPECIFY) Removal — DATE THEREOF 9/7/55 — NAME OF CEMETERY OR CREMATORY R. N. Horton — LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR 9/7/55 — REGISTRAR'S SIGNATURE Amanda Downey — 24. FUNERAL DIRECTOR R. N. Horton — ADDRESS 1322 U St NW Wash

8953

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08975

CERTIFICATE OF DEATH

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LAUREL
LENGTH OF STAY (in this place) 1 year.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 935 Fifth St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LAUREL
STREET ADDRESS (If rural, give location) 935 Fifth St.

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) EDWARD (Last) LAMPER

4. DATE OF DEATH (Month) Sept. (Day) 9 (Year) 1955

5. SEX M

6. COLOR OR RACE Caus.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH July 16, 1900

9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telegrapher

10b. KIND OF BUSINESS OR INDUSTRY RAILROAD

11. BIRTHPLACE (State or foreign country) NEW YORK

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME EDWARD LAMPER

14. MOTHER'S MAIDEN NAME ANNA COVEL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 721-16-9430

17. INFORMANT AND ADDRESS wife BLANCHE - SAME ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

177X

Immediate cause (a) Generalized carcinomatosis — 6 mos.

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Prostate — 2 years.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1955, to Sept 9, 1955, that I last saw the deceased alive on Sept 9, 1955, and that death occurred at 2:30 P m., from the causes and on the date stated above.

SIGNATURE John K. Buell M.D. (Degree or title) ADDRESS 402 Main St. Laurel Maryland DATE SIGNED 9 Sept 55

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 9/12/55 NAME OF CEMETERY OR CREMATORY St Mary's Cemetery LOCATION (City, town, or county) Laurel (State) Maryland

DATE REC'D BY LOCAL REG. Sept 12-55 REGISTRAR'S SIGNATURE [illegible] Willie Brashears

24. FUNERAL DIRECTOR DeWitt Donaldson ADDRESS Laurel, Md

VS. A15

8954

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08977 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Friendly Md
STREET ADDRESS (If rural, give location) 8450 - Old Fort Rd

3. NAME OF DECEASED: (Type or Print) (First) Louisa (Middle) A (Last) Lincoln

4. DATE OF DEATH (Month) Sept (Day) 3. (Year) 1955

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Mar 2, 1891

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own Home

11. BIRTHPLACE (State or foreign country): Baltimore, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Mohr

14. MOTHER'S MAIDEN NAME: Anna Soleman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) None

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: George Lincoln, Riverdale, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

8257

Immediate cause (a) Hemorrhage and Shock

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Fracture Rt Pelvis and Rt Knee

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: Immediate

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDING OF OPERATION: —

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Road Forestville Md

21c. (City or town) (County) (State) Ritchie Rd Forestville Md Pr Geo Co.

21d. TIME OF INJURY (Month) 9 (Day) 3 (Year) 1955 (Hour) 7 M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Car accident

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Paul O'Ta... M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED Sept 3 1955

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify): DATE THEREOF 9/7/55 NAME OF CEMETERY OR CREMATORY Wash Nat'l LOCATION (City, town, or county) Suitland (State) Md

DATE REC'D BY LOCAL REG. 9/6/55 REGISTRAR'S SIGNATURE Amanda L Hurey

24. FUNERAL DIRECTOR W W Chambers Co ADDRESS 517-11 St SE Wash DC

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

8955 08978

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 246

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale
LENGTH OF STAY (in this place) 2 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Greenbelt,
STREET ADDRESS (If rural, give location) 10 H - Plateau Place

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Edward (Last) Loveless

4. DATE OF DEATH (Month) 9 - (Day) 24 - (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 11-6-44
9. AGE last birthday: 10. yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Eliot Loveless
14. MOTHER'S MAIDEN NAME: Agnes Brace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
812X
Immediate cause (a) Hemorrhage & shock
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Laceration of inferior vena cava.
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH Primary
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street
21c. (City or town) Greenbelt - (County) Pr. Geo. - (State) Md.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-24-55 8 M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Struck by automobile

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John W. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9-24-55

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify): Burial
DATE THEREOF 9-28-55
NAME OF CEMETERY ~~OR CREMATORY~~ Mt. Olivet
LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. Sept 26 1955
REGISTRAR'S SIGNATURE James Devery
24. FUNERAL DIRECTOR W. W. Chambers Co.
ADDRESS 5801 Cleveland Ave. Riverdale Md

VS. A15A - 5 - 53

08979

MARYLAND STATE DEPARTMETT OF HEALTH

8956

CERTIFICATE OF DEATH

Reg. Dist. No. ....

Items 11,12,FilmG187 9-30-55 et

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel — LENGTH OF STAY (in this place) 32 yr. 10 mo. 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Laurel Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 47x-3
STREET ADDRESS (If rural, give location) 2001 Conn. Ave. N.W.

3. NAME OF DECEASED (Type or Print) (First) MARGARET (Middle) A. (Last) LUTTRELL
4. DATE OF DEATH (Month) 9 (Day) 22 (Year) 1955

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~ (Specify)
8. DATE OF BIRTH 12-11-1880
9. AGE last birthday 75 yrs. If under 1 year Months. Days. If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Not any
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) — Jonesboro, Tenn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Samuel Shrewsbury Luttrell
14. MOTHER'S MAIDEN NAME Elma Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS —

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422.1 Immediate cause	(a) Gastric Hemorrhage	15 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General & Cerebral Arteriosclerosis	Many Years
	(c) Chronic Myocarditis	" "
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-15-, 1949, to 9-22-, 1955, that I last saw the deceased alive on 9-22-, 1955, and that death occurred at 8:05 A.m., from the causes and on the date stated above.

SIGNATURE James P. Sands, M.D. (Degree or title) ADDRESS Laurel Sanitarium Laurel Md. DATE SIGNED 9-22-1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 9-24-55 — NAME OF CEMETERY OR CREMATORY Oakwood — LOCATION (City, town, or county) Falls Church (State) Va.

DATE REC'D BY LOCAL REG. Sept. 25 1955 — REGISTRAR'S SIGNATURE M. Brashears — 24. FUNERAL DIRECTOR Pearson Funeral Home — ADDRESS Falls Church Va.

MARGIN RESERVED FOR BINDING

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[illegible]AU V. [illegible]

8957 08980

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 23

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Geo
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) District Heights
STREET ADDRESS (If rural, give location) 2720 Ramblewood Drive

3. NAME OF DECEASED: (Type or Print) (First) Steven (Middle) (Last) Maupin

4. DATE OF DEATH (Month) (Day) (Year) 9-22-1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 10-31-52
9. AGE last birthday: 2 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Raymond Maupin
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

954X

Immediate cause (a) Surgical shock & toxemia due to anesthesia
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Operation for skin grafts
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg. etc.) Hospital
21c. (City or town) (County) (State) Cheverly - Pr. Geo - Md

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-22-55 P M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR? During operation for skin grafts on body

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒, Inquiry ☒ and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9-22-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 9-24-55
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Suitland, Md

DATE REC'D BY LOCAL REG. 9.23/55
REGISTRAR'S SIGNATURE Amanda L. Kerney
24. FUNERAL DIRECTOR ADDRESS J. Wm. Lee Sons Co - Wash. D.C.

VS. A15A - 5 - 53

8927

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08981

CERTIFICATE OF DEATH

Reg. Dist. No. 245

M

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MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) West Hyattsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6610 Riggs Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE New York COUNTY Kings
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brooklyn
STREET ADDRESS (If rural give location) 360 Seventh Avenue

3. NAME OF DECEASED: (Type or Print) (First) FRANCES (Middle) ELIZABETH (Last) McKENZIE

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 18th, 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 16th, 1869

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Brooklyn, N.Y.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jepther Jones

14. MOTHER'S MAIDEN NAME: Mary Ann Bishop

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mary A. Brown 360 Seventh Ave., Brooklyn, N.Y.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Carcinoma of Stomach

ANTECEDENT CAUSE (S) DUE TO (B) Involvement & generalized metastasis to gastro-intestinal tract.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 10-26-54

19B. MAJOR FINDINGS OF OPERATION: Carcinoma of hepatic flexure & involvement of stomach

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 16, 1955, to Sept. 18, 1955, that I last saw the deceased alive on 9-11, 1955, and that death occurred at 1 P. M, from the causes and on the date stated above.

SIGNATURE [illegible] M. D. ADDRESS Hyattsville, Md. DATE SIGNED 9-19-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 9/19/1955

NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery

LOCATION (City, town, or county) (State) Brooklyn, Kings, Co. N.Y.

DATE REC'D BY LOCAL REGISTRAR Sept. 19, 1955

REGISTRAR'S SIGNATURE Mrs. Jas. Devere (Deputy)

24. FUNERAL DIRECTOR ADDRESS W.W. Chambers Company, Riverdale, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08982

8959

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE ~~Maryland~~ New York COUNTY ~~Prince Georges~~
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brooklyn
STREET ADDRESS (If rural give location) 428 Quincy Street

3. NAME OF DECEASED: (Type or Print) (First) Diane (Middle) (Last) McLaughlin

4. DATE OF DEATH: (Month) Sept. (Day) 7 (Year) 1955

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: Dec. 5, 1949
9. AGE last birthday 6 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Caswell Co. N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Not known
14. MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Statistical Card

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A)	Fracture of right femur. Basal skull fracture	2 days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B)	Intracerebral hemorrhage - right temporal	2 days
	DUE TO (C)	Trauma from automobile accident	2 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory street, office bldg., etc.) Highway
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) US Highway 301&50
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 5 M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR? Auto accident

22. I hereby certify that I attended the deceased from , 19 , to , 19 , that I last saw the deceased alive on , 19 , and that death occurred at 7:15 AM. from the causes and on the date stated above.

SIGNATURE [illegible] M.D. ADDRESS [illegible] DATE SIGNED Sept 7 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 9-9-55
NAME OF CEMETERY OR CREMATORY Oak Ridge
LOCATION (City, town, or county) (State) Danville, Va

DATE REC'D BY LOCAL REGISTRAR 9/7/55
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Harvey's Funeral Home
ADDRESS Danville Va

VS. A15 — 10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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9301 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08983

Item 7, Film 187 9-30-55 e CERTIFICATE OF DEATH Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Beaver Heights
LENGTH OF STAY (in this place) 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4701 R. st

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Beaver Heights
STREET ADDRESS (If rural give location) 4701 R st

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) (Last) MC LAUGHLIN
4. DATE OF DEATH: (Month) sept (Day) 20, (Year) 1955

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar 24, 1881
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cabinet Maker
10B. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Wm McLaughlin
14. MOTHER'S MAIDEN NAME: Julia F. Geobrath

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs Hazel Hawke Beaver Heights Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
331X IMMEDIATE CAUSE	(A)	cerebral Hemorrhage	acute
ANTECEDENT CAUSE (S)	DUE TO (B)	arteriosclerosis	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-27, 1955, to 9-20, 1955 that I last saw the deceased alive on 9-19, 1955, and that death occurred at 4:20 PM, from the causes and on the date stated above.

SIGNATURE Reuben E. Stone M.D. ADDRESS 3417 Minnesota Ave S.E. DATE SIGNED 9-20-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: sept 23, 1955
NAME OF CEMETERY OR CREMATORY: Washington National
LOCATION (City, town, or county) (State): Suitland, Md

DATE REC'D BY LOCAL REGISTRAR: Sept 21, 1955
REGISTRAR'S SIGNATURE: Carrie Campbell
24. FUNERAL DIRECTOR: F Gasch's sons ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15—10-53

3959 08984

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly Md
LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Cheverly Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York COUNTY
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Brooklyn
STREET ADDRESS (If rural, give location) 428 Quincy St.

3. NAME OF DECEASED: (Type or Print) (First) Hattie (Middle) B. (Last) McLaughlin

4. DATE OF DEATH (Month) Sept (Day) 5 (Year) 1955

5. SEX: F

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Unknown

8. DATE OF BIRTH: Sept 5, 1905

9. AGE last birthday 50 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Confectionery store

10b. KIND OF BUSINESS OR INDUSTRY: self

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: William Taylor

14. MOTHER'S MAIDEN NAME: Hattie Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Estelle Hanline Brooklyn New York

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 825X

Immediate cause (a) Hemorrhage and Shock
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Fractured Ribs Crushed chest
DUE TO
(c) Multiple Lacerations

INTERVAL BETWEEN ONSET AND DEATH D.O.A.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDING OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,) Highway

21c. (City or town) (County) (State) U.S. Highway 301-50 P.G. Maryland

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 5 1955 7:20 M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☑

21f. HOW DID INJURY OCCUR? Auto accident

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Paul O. Van Natta Act. Exam. M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED Sept 5 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF 9/15/55

NAME OF CEMETERY OR CREMATORY Gibson Funeral Home

LOCATION (City, town or county) (State) Baltimore Maryland

DATE REC'D BY LOCAL REG. 9/5/55

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR ADDRESS ~~Wm Gibson~~ Gibson Funeral Home Baltimore Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK: Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11151

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH
COUNTY Prince Georges' MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 10 minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges'
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bradbury Park
STREET ADDRESS (If rural give location) 4200 Porter Avenue.

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Boy (Last) Melton -Twin II

4. DATE OF DEATH (Month) 9 (Day) 17 (Year) 1955

5. SEX Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH: 9-17-55
9. AGE last birthday: — yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. 10

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B KIND OF BUSINESS OR INDUSTRY: none
11 BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13 FATHER'S NAME. David Melton
14. MOTHER'S MAIDEN NAME: Joan ~~Melton~~ May

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) G
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS. Statistic

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
776X
IMMEDIATE CAUSE (A) Immaturity - 18-20 wks. Ld.
ANTECEDENT CAUSE (B) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO
(C)
INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION. 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/17, 1955, to 9/17, 1955, that I last saw the deceased alive on 9/17, 1955, and that death occurred at 2:24 P.M. from the causes and on the date stated above.
SIGNATURE John T. [illegible] M.D. ADDRESS 5460 [illegible] DATE SIGNED 9/18/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 9/17/55
NAME OF CEMETERY OR CREMATORY Prince Georges Gen Hosp
LOCATION (City, town, or county) (State) Cheverly, Md.

DATE REC'D BY LOCAL REGISTRAR 11/2/55
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Harry W [illegible]
ADDRESS

38
77

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 — 53

MARGIN RESERVED FOR BINDING

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MARYLAND

8960

STATE DEPARTMENT OF HEALTH

08985

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY Anne Arundel (?) George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 41 Laurel
LENGTH OF STAY (in this place): [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1X Laurel Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington — COUNTY D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington 47x-3
STREET ADDRESS (If rural, give location): 1323 Delafield Place

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) A. (Last) Miller

4. DATE OF DEATH: (Month) Sept. (Day) 9 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 14, 1877

9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): DuBois—Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward A. Brennan

14. MOTHER'S MAIDEN NAME: Margaret McAvoy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): [illegible]

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Dolores P. Harrington 1323 Delafield Place N.W. WASH. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — 332X

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	cerebral thrombosis	24 Hrs
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	cerebral arteriosclerosis	years
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 Sept, 1955, to 9 Sept, 1955, that I last saw the deceased alive on 9 Sept, 1955, and that death occurred at 12:50 P m., from the causes and on the date stated above.

SIGNATURE: John R. Bell (?) (Degree or title) M.D. — ADDRESS: 402 Main St. Laurel Md. — DATE SIGNED: 9/9/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Sept 13, 1955 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG.: Sept 9-55 — REGISTRAR'S SIGNATURE: M. Brashears

24. FUNERAL DIRECTOR: The S. H. Hines Co. — ADDRESS: 2901-14th St. NW Washington (9), D.C.

8961

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08986

Reg. Dist. No. 232

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL Upper Marlboro
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Westphalia and Alms Hs. Rds.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Upper Marlboro
STREET ADDRESS (If rural, give location): Westphalia and Alms Hs. Rds.

3. NAME OF DECEASED (Type or Print): (First) Regina (Middle) Ann (Last) Moore

4. DATE OF DEATH: (Month) Sept (Day) 8 (Year) 1955

5. SEX: Fem
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 3, 1881
9. AGE last birthday: 73 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hswf.
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U/S/A.

13. FATHER'S NAME: George E. Windsor
14. MOTHER'S MAIDEN NAME: Alice Peacock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): —
16. SOCIAL SECURITY No.: —
17. INFORMANT: William E. Moore, 1782 41st Place, S. E., Washington 20, D. C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0

Immediate cause (a) Acute Congestive Cardiac failure — 2 day

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Paroxysmal tacycardia — 2 days
(c) General Arterio Sclerosis — unknown

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): Natural Causes
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED: While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 6, 1955, to Sept 8, 1955, that I last saw the deceased alive on Sept 8, 1956, and that death occurred at 2 20 p.m., from the causes and on the date stated above.

SIGNATURE: Saul C Van Natta (Degree or title) MD ADDRESS: Washington 28 DC DATE SIGNED: Sept 8 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 9/12/55
NAME OF CEMETERY OR CREMATORY: Forest Memorial Cem.
LOCATION (City, town, or county) (State): Forestville, Md.

DATE REC'D BY LOCAL REG.: Sept 11 1955
REGISTRAR'S SIGNATURE: John F. Danner
24. FUNERAL DIRECTOR / ADDRESS: Ritchie Bros. Upper Marlboro, Md.

PLEASE WRITE PLAINLY WITH UNFADING INK. MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct and legible is specially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

8962 Film G 166, 9-22-55
Items 8 & 9 bh

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08987

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 36 Cheverly
LENGTH OF STAY (in this place) 7 hr
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1 Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY P. G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lanham
STREET ADDRESS (If rural give location) Box 302

3. NAME OF DECEASED (Type or Print) (First) Alvin (Middle) (Last) Moreland

4. DATE OF DEATH: (Month) 9 (Day) 12 (Year) 1955

5. SEX M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: 10-24-04
9. AGE last birthday 50 Yrs | IF UNDER 1 YEAR Months, Days | IF UNDER 24 HRS. Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer
10B. KIND OF BUSINESS OR INDUSTRY Hospital engineer
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George W. Morlland
14. MOTHER'S MAIDEN NAME Addie Crosby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) none
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Hospital Record Cheverly Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) MYOCARDIAL INFARCTION	2 hours.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) CORONARY SCLEROSIS	3 YEARS.
	DUE TO (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1952 to 9-12-1955 that I last saw the deceased alive on 9-12-, 1955, and that death occurred at 7:30 P. M., from the causes and on the date stated above.
SIGNATURE Albert Roth M.D.
ADDRESS Riverdale
DATE SIGNED 9-13-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 9/16/55
NAME OF CEMETERY OR CREMATORY ~~Ft. Lincoln~~ Ft. Lincoln
LOCATION (City, town, or county) (State) ~~Hyattsville, Md.~~ Colmar Manor, Md.

DATE REC'D BY LOCAL REGISTRAR 9/15/55
REGISTRAR'S SIGNATURE Amanda Downey
FUNERAL DIRECTOR ADDRESS F. Gasch's Sons Hyattsville, Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

9002

08988

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Items 1,2, Film 186 9-12-55 et

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wash. Rural
LENGTH OF STAY (in this place) 13 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5959 Addison Rd., S.E.,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D. C. RURAL
STREET ADDRESS (If rural, give location) 5959 Addison Rd., S.E.,

3. NAME OF DECEASED (Type or Print) (First) Ralph (Middle) Lancaster (Last) Morrison
4. DATE OF DEATH (Month) Sept. (Day) 3, (Year) 1955

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Mar 10, 1893
9. AGE last birthday 62 yrs. If under 1 year Months | Days If under 24 hrs Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) dentist
10b. KIND OF BUSINESS OR INDUSTRY dentist
11. BIRTHPLACE (State or foreign country) Prince Georges Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Morrison
14. MOTHER'S MAIDEN NAME Mary Bryant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs. Agnes Kirkland Morrison Seat Pleasant Maryland

18. MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

871.0

Immediate cause (a) Pending

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Barbiturate Poisoning — unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. — General arteriosclerosis — unknown

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) (COUNTY) (STATE) 5959 Addison Rd. S.E. Washington DC
TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 3 1955 8 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Overdose of [illegible]

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined* ✓

SIGNATURE R. C. Van [illegible] (Degree or title) [illegible]
ADDRESS Washington 28, D.C. 5140 SilverHill Rd., S.E.
DATE SIGNED September 5, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF Sept 6, 1955
NAME OF CEMETERY OR CREMATORY Fort Lincoln Crematory
LOCATION (City, town, or county) (State) Colmar Manor Maryland.

DATE REC'D BY LOCAL REG. 9/6/55
REGISTRAR'S SIGNATURE Carrie F. Campbell
24. FUNERAL DIRECTOR ADDRESS F. Gasch's Sons Hyattsville, Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

8963

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08989

CERTIFICATE OF DEATH

Reg. Dist. No. 220

1. PLACE OF DEATH.
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) GREENBELT
LENGTH OF STAY (in this place) 13 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 135 - Ridge Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Greenbelt
STREET ADDRESS (If rural give location) 135. Ridge, Rd.

3. NAME OF DECEASED: (Type or Print) (First) Beatrice (Middle) Agnes (Last) Murray

4. DATE OF DEATH: (Month) Sept. (Day) 20 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 14th 1882
9. AGE last birthday 73 yrs. IF UNDER 1 YEAR Months 7 Days 6 IF UNDER 24 HRS. Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Ireland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Elwood
14. MOTHER'S MAIDEN NAME: Beatrice Agnes Waters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Edwin J. Murray, 13-S. Ridge rd. Greenbelt. Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — 153X

IMMEDIATE CAUSE (A) Cancer of transverse colon — INTERVAL BETWEEN ONSET AND DEATH: 1 year

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B)

DUE TO

724.9 (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fracture of Lt hip — 6 months

19A DATE OF OPERATION Nov. 1954
19B MAJOR FINDINGS OF OPERATION Intestinal obstruction due to cancer of colon
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 1948, to Sept 19, 1955, that I last saw the deceased alive on Sept. 19, 1955, and that death occurred at 5:40 A.M, from the causes and on the date stated above.

SIGNATURE Hans Wodelz M.D. ADDRESS 30-C Ridge Rd. Greenbelt, Md. DATE SIGNED 9-20-1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 9-23-55
NAME OF CEMETERY OR CREMATORY St. Charles Cemetery
LOCATION (City, town, or county) (State) Pinelawn. Suffolk Co. Long Island N. York

DATE REC'D BY LOCAL REGISTRAR September 21-1955
REGISTRAR'S SIGNATURE John D. Smith
24. FUNERAL DIRECTOR N. H. Chambers Co. ADDRESS Riverdale Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

I

VS. A15 — 10 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

9003

08990

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 240

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brandywine
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Geo
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Brandywine
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Leo (Middle) Wood (Last) Nevin
4. DATE OF DEATH: (Month) 9 - (Day) 7 - (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 12-29-1909
9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Iron worker
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. Nevin
14. MOTHER'S MAIDEN NAME: Hervella Wood.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Harry Nevin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
889
Immediate cause (a) Acute congestive heart failure
DUE TO
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) ([illegible]) Methyl alcohol poisoning
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9-7-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Sept 12, 1955
NAME OF CEMETERY OR CREMATORY ~~George Washington~~ Arlington [illegible]
LOCATION (City, town, or county) (State) ~~[illegible]~~ Hyattsville Md

DATE REC'D BY LOCAL REG. Sept. 7" 1955
REGISTRAR'S SIGNATURE F. H. Billingsley
Sept. 15, 1955 Brandywine, Md.

24. FUNERAL DIRECTOR W K Hinternann, ADDRESS 5732 Georgia ave Washington DC

9224

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. No. 08991

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 242

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fairmont Hts
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6117 - L Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Fairmont Hts
STREET ADDRESS (If rural, give location) 6117 L Street

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Ellis (Last) Odrick

4. DATE OF DEATH (Month) 9 (Day) 14 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 3-12-88
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Porter
10b. KIND OF BUSINESS OR INDUSTRY: Southern R.R.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Odrick
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: [illegible]
17. INFORMANT & ADDRESS: Wife - [illegible]

18. MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
442X
Immediate cause (a) [illegible]
DUE TO
Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) [illegible]
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,)
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.
SIGNATURE [illegible] M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF 9-14-55
NAME OF CEMETERY OR CREMATORY John T. Rhines Co.
LOCATION (City, town, or county) Wash. (State) D.C.

DATE REC'D BY LOCAL REG. Sept. 14-55
REGISTRAR'S SIGNATURE Carrie Campbell
24. FUNERAL DIRECTOR John T. Rhines Co.
ADDRESS [illegible] Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

8938

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08992

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural, give location) 1301-Buchanan St. N.E.

3. NAME OF DECEASED (Type or Print) (First) Lillian (Middle) (Last) Pepper

4. DATE OF DEATH (Month) 9- (Day) 9- (Year) 1955

5. SEX F

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH 9-8-1876

9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY Housewife

11. BIRTHPLACE (State or foreign country) New York City

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Patrick O'Brien

14. MOTHER'S MAIDEN NAME Bridget Scelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Sacred Heart Home-Hyattsville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4201

Immediate cause (a) Myocardial infarction due to coronary thrombosis

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 4 day

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/29, 1952, to 9/9/, 1955, that I last saw the deceased alive on 9/8/55, 19......, and that death occurred at 4:20 a.m., from the causes and on the date stated above.

SIGNATURE Thomas Kellin MD (Degree or title) ADDRESS Washington D.C. DATE SIGNED 9-9-55

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/12/55
NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
LOCATION (City, town, or county) Washington, D.C. (State)

DATE REC'D BY LOCAL REG. 9/9/55
REGISTRAR'S SIGNATURE Mrs. Jas. Severe (Deputy)

24. FUNERAL DIRECTOR Timothy Hanlon ADDRESS 3831-Ga. Ave. N.W.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08994

9905

CERTIFICATE OF DEATH

Reg. Dist. No. 342

1. PLACE OF DEATH:
COUNTY Pr Geo MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) GLASS MANOR
LENGTH OF STAY (in this place) 1 YR.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 103 Audrey Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Pr Geo Cty
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) GLASS MANOR
STREET ADDRESS (If rural give location) 103 AUDREY LANE

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) Poole (Last) Porter

4. DATE OF DEATH: (Month) SEPT (Day) 9TH (Year) 1955

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: DEC-12-1892
9. AGE last birthday 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE
10B. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): DARLINGTON, MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN S POOLE
14. MOTHER'S MAIDEN NAME: GEORGIA SCARBOROUGH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. NONE
17. INFORMANT & ADDRESS GILLIS PORTER 103 AUDREY LANE GLASS MANOR MD.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 41-X IMMEDIATE CAUSE (A)	Pulmonary Embolus	1 hour
ANTECEDENT CAUSE (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B)	Chronic Rheumatic Heart Disease	49 years
DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Cirrhosis of the Liver	9 years

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 9, 1946 to Sept 9., 1955, that I last saw the deceased alive on Sept 8., 1955, and that death occurred at 6[35] A.M, from the causes and on the date stated above.
SIGNATURE Thomas J Plunkett M. D. ADDRESS 1834 Eye St. N.W. Wash D.C. DATE SIGNED 9/9/55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 9/13/55
NAME OF CEMETERY OR CREMATORY ARLINGTON NATL.
LOCATION (City, town, or county) (State) ARLINGTON, VA.

DATE REC'D BY LOCAL REGISTRAR Sept. 12-55
REGISTRAR'S SIGNATURE Carrie Campbell
24. FUNERAL DIRECTOR ADDRESS W. W. Chambers Co. 1400 Chapin St NW

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08996

8965

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale
LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Mem. Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY Pr Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville 15
STREET ADDRESS (If rural give location) 5723-29th Avenue

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Garner (Last) Proctor

4. DATE OF DEATH: (Month) Sept. (Day) 22 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH: Nov. 13th, 1909
9. AGE last birthday 45 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Guide
10B. KIND OF BUSINESS OR INDUSTRY: Sightseeing
11. BIRTHPLACE (State or foreign country): Alexandria, VA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John L. Proctor
14. MOTHER'S MAIDEN NAME: Emily Catherine Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. 577-09-6858
17. INFORMANT & ADDRESS: Mrs. Elizabeth Proctor - 5723-29th Ave Hyattsville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

IMMEDIATE CAUSE (A) Cardiac Infarcts — 11 mos
DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) unknown
DUE TO

260X (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1954, to Sept 22 1955 that I last saw the deceased alive on Sept 21, 1955, and that death occurred at 10:15 P M, from the causes and on the date stated above.

SIGNATURE Ernest J Parent M.D.
ADDRESS 6220 Adelphi rd
DATE SIGNED 9-23-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9/28/1955
NAME OF CEMETERY OR CREMATORY Arlington Nat'l Cem
LOCATION (City, town, or county) (State) Arlington, VA.

DATE REC'D BY LOCAL REGISTRAR Sept 24 1955
REGISTRAR'S SIGNATURE James Severy
24. FUNERAL DIRECTOR ADDRESS W.W. Chambers Co., Riverdale, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 — 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08997

8966

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md.
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville, Md
STREET ADDRESS (If rural give location) 4009 Kennedy St.

3. NAME OF DECEASED (Type or Print) (First) Linn (Middle) G. (Last) Rager

4. DATE OF DEATH (Month) Sept. (Day) 22, (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: 4/12/65

9. AGE last birthday 90 yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired

10B. KIND OF BUSINESS OR INDUSTRY: Railroad Engineer

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew A. Rager

14. MOTHER'S MAIDEN NAME: Sarah Gilbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mr. Andrew A. Rager Hyattsville, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Cerebral Thrombosis	36 hours
ANTECEDENT CAUSE (S) DUE TO (B) — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	Hypertensive Cardiovascular Disease	10 years
DUE TO (C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1952, to Sept 22, 1955, that I last saw the deceased alive on Sept 22, 1955, and that death occurred at 10:00 A.M. from the causes and on the date stated above.

SIGNATURE [illegible] M.D. ADDRESS 3503 [illegible] St. Mt Rainier Md DATE SIGNED 9/22/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Transportation | DATE THEREOF 9/24/55 | NAME OF CEMETERY OR CREMATORY Johnstown | LOCATION (City, town, or county) (State) Pennsylvania

DATE REC'D BY LOCAL REGISTRAR Sept. 23, 1955. | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR F. Gasch's Sons ADDRESS Hyattsville Md

9/26

9006

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08998

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 6292 Allentown Rd SE
LENGTH OF STAY (in this place): 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6292 - Allentown Rd SE Washington 22 DC

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Allentown
STREET ADDRESS (If rural, give location): 6292 - Allentown Rd S.E.

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) W. (Last) Readmond.

4. DATE OF DEATH: (Month) Sept (Day) 25 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Feb - 1st 1875
9. AGE last birthday: 80 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Hollywood Md.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James Wilkinson
14. MOTHER'S MAIDEN NAME: Katherine Wible

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT: Mary W. Readmond

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
332.X Immediate cause	(a) Cebral Hemorrhage	2 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General Arteriosclerosis	unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): Natl. Causes
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED: While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan 1, 1954 to Sept 25, 1955, that I last saw the deceased alive on Sept 25, 1955, and that death occurred at 9:45 m., from the causes and on the date stated above.

SIGNATURE: Paul C Van Natta (Degree or title) MD ADDRESS: Washington 28 DC DATE SIGNED: Sep 26 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Sept 28-1955
NAME OF CEMETERY OR CREMATORY: St Johns
LOCATION (City, town, or county) (State): Hollywood Md

DATE REC'D BY LOCAL REG.: Sept 26-1955
REGISTRAR'S SIGNATURE: Edna F Collins
24. FUNERAL DIRECTOR: Simmons Bros ADDRESS: 1661 - Good Hope Rd S.E. Wash 20 D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08999

8967

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 County
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince George's Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Colesville 15 X 12
STREET ADDRESS (If rural give location) None

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) [illegible]

4. DATE OF DEATH (Month) (Day) (Year) 9 - 21 19 55

5. SEX M
6. COLOR OR RACE: Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 8-15-71
9. AGE last birthday 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Blacksmith retired
10B KIND OF BUSINESS OR INDUSTRY:
11 BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Allen Reed
14. MOTHER'S MAIDEN NAME: Susan Rebecca Baldwin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service.)
16. SOCIAL SECURITY NO. ——
17. INFORMANT & ADDRESS. Statistic Card

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
442X IMMEDIATE CAUSE	(A) Arteriosclerotic cardiovascular	
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	DUE TO (B) renal disease.	
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Hypertrophy of the Prostate	

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/13, 1955, to 9/21, 1955, that I last saw the deceased alive on 9/21, 1955, and that death occurred at 6:50 A.M. from the causes and on the date stated above.

SIGNATURE Robt. Flemming M.D. ADDRESS 8432 Annapolis Rd. Lanham DATE SIGNED 9/21/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 9/28/55
NAME OF CEMETERY OR CREMATORY Ivy Hill Cemetery
LOCATION (City, town, or county) (State) Laurel, Maryland

DATE REC'D BY LOCAL REGISTRAR Sept. 28-55
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR ADDRESS De Witt Donaldson Laurel, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

M

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8968 09000

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RIVERDALE
LENGTH OF STAY (in this place) 7 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp. 4408 Queensbory Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berwyn
STREET ADDRESS (If rural give location) 9513 51st Ave.

3. NAME OF DECEASED (Type or Print) (First) PATRICIA (Middle) Lee (Last) REXRODE

4. DATE OF DEATH (Month) Sept. (Day) 28 (Year) 1955

5. SEX: Fe
6. COLOR OR RACE: Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S
8. DATE OF BIRTH: 3-19-35
9. AGE last birthday 20 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk Typist
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Perry L. REXRODE
14. MOTHER'S MAIDEN NAME: Ruth D. Viland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Same - Mother

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
592X IMMEDIATE CAUSE (A)	Pulmonary Edema	3 days
ANTECEDENT CAUSE(S) DUE TO (B)	Uremia	2 Weeks
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)	Chronic Glomerular nephritis	2 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1953, to Sept 28, 1955 that I last saw the deceased alive on Sept 28, 1955, and that death occurred at 11 35 P M. from the causes and on the date stated above.
SIGNATURE L W Malin M.D. ADDRESS Riverdale Md DATE SIGNED 9-29-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Oct 1, 1955
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) (State) Colmar Manor Md

DATE REC'D BY LOCAL REGISTRAR Oct 1, 1955
REGISTRAR'S SIGNATURE James Devey
24. FUNERAL DIRECTOR F Gasch Sons
ADDRESS Hyattsville Md

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09001

9007

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH.
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural-Hyattsville
LENGTH OF STAY (in this place) 2 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paint Branch Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
STREET ADDRESS (If rural give location) 202 Hodges Lane

3. NAME OF DECEASED: (Type or Print) (First) ~~John~~ Harry (Middle) Ward (Last) Riddle

4. DATE OF DEATH (Month) Sept. (Day) 18 (Year) 1955

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Wid.
8. DATE OF BIRTH: July 22, 1864
9. AGE last birthday 91 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Carpenter
10B KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Riddle
14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No. —
17. INFORMANT & ADDRESS: Marie R. Wilson daughter - 202 Hodges Lane Takoma Park

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

151X

IMMEDIATE CAUSE (A) Carcinoma of Stomach. — 5-7 years

DUE TO

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senility Arteriosclerosis Generalized — 10-15 years

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 15, 1946, to 18 Sept., 1955, that I last saw the deceased alive on 16 Sept., 1955, and that death occurred at 7:50 P. M, from the causes and on the date stated above.

SIGNATURE G. F. Cullen M. D. ADDRESS Takoma Park, Md. DATE SIGNED 18 Sept. 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 9/21/55
NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery
LOCATION (City, town, or county) (State) Woodlawn, Maryland

DATE REC'D BY LOCAL REGISTRAR 9-20-55
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Wm. Cook Inc. ADDRESS 1217 St. Paul St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09002

9008

CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH:
COUNTY Pr. Geo's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upper Marlboro
LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Largo Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo's.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upper Marlboro
STREET ADDRESS (If rural give location) Largo Road

3. NAME OF DECEASED: (Type or Print) (First) Della (Middle) Cornetta (Last) Robinson

4. DATE OF DEATH: (Month) Sept (Day) 22 (Year) 1955

5. SEX: F.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Nov. 9, 1892
9. AGE last birthday 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hswf.
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Wesley Sturdivant
14. MOTHER'S MAIDEN NAME: Hattie Hoy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS. Mrs. Lucy Woods Upper Marlboro, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 551X

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Pulmonary Embolism	30 minutes
ANTECEDENT CAUSE (S) DUE TO (B)	Cholecystectomy	6 weeks
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)	Appendectomy	6 weeks
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Myocardial Infarct	3 weeks

19A DATE OF OPERATION: Aug-8-1955
19B. MAJOR FINDINGS OF OPERATION Cholecystitis & Appendicitis
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1955, to Sept 22, 1955, that I last saw the deceased alive on Sept 22, 1955, and that death occurred at 1:30 P M, from the causes and on the date stated above.

SIGNATURE James E. [illegible] M.D ADDRESS Upper Marlboro, Md DATE SIGNED 9-22-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 9/23/55
NAME OF CEMETERY OR CREMATORY Reins-Sturdivant Funeral Home,
LOCATION (City, town, or county) (State) Independence, Va.

DATE REC'D BY LOCAL REGISTRAR Sept 23 1955
REGISTRAR'S SIGNATURE John F. Danner
24. FUNERAL DIRECTOR Ritchie Bros. ADDRESS Upper Marlboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

9009 09003

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 242

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cedar Heights LENGTH OF STAY (in this place) 16 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1100 - 65th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Geo.
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Cedar Heights
STREET ADDRESS (If rural, give location) 1100 - 65th Ave.

3. NAME OF DECEASED: (Type or Print) (First) Washington (Middle) (Last) Robinson

4. DATE OF DEATH (Month) 9 - (Day) 14 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 20, 1880
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Minister
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Robinson
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No:
17. INFORMANT & ADDRESS: Susie Robinson - 1125 - 65th Ave Cedar Heights

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 916.0

Immediate cause (a) Shock

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) 4th Degree burns of entire body

DUE TO

(c) Conflagration in home

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
21c. (City or town) Cedar Hts - (County) P. Geo - (State) Md

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-14-55-730 A.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Conflagration in home

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9-14-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 9-18-55
NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery
LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 9/15/55
REGISTRAR'S SIGNATURE Carrie Campbell
24. FUNERAL DIRECTOR John T. Rhines
ADDRESS Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

8135

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09004

Item 9, Film 100 9-21-55 et

8969

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Landover
STREET ADDRESS (If rural give location) 6911 - Varnum St.

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) (Last) Roddy

4. DATE OF DEATH (Month) Sept (Day) 11 (Year) 1955

5. SEX Male
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH 4-14-1885
9. AGE last birthday 70 yrs

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist Retired
10B. KIND OF BUSINESS OR INDUSTRY: Statler Hotel
11. BIRTHPLACE (State or foreign country) Penn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Peter Roddy
14. MOTHER'S MAIDEN NAME Mary Seward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 158-09-1568
17. INFORMANT & ADDRESS: Jos. T. Roddy address above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A)	Uremia	1 mo.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B)	Bilateral Pyelo-nephritis	2 yrs.
	DUE TO (C)	Ca. of Bladder	2 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION
19B MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [x] NO [ ]

21A ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE OF INJURY (Home, farm, factory street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1, 1954 to 9/11, 1955, that I last saw the deceased alive on 9/11, 1955, and that death occurred at 1:55 A.M. from the causes and on the date stated above.

SIGNATURE M.D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 9/14/55
NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
LOCATION (City, town or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR Sept. 12 1955
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Nalley's Funeral Home
ADDRESS 3200 R.I. Ave. Mt. Rainier, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

I

9/14/55

8979

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09005

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Pr. Geo. MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) [illegible]; LENGTH OF STAY (in this place) 3 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville; STREET ADDRESS (If rural give location) 6514 Medwick Drive
3. NAME OF DECEASED (Type or Print) (First) Florence (Middle) (Last) Rowe	4. DATE OF DEATH: (Month) 9 (Day) 17 (Year) 1955
5. SEX: Female 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) [illegible] 8. DATE OF BIRTH: 13 June/78	9. AGE last birthday 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10B KIND OF BUSINESS OR INDUSTRY [illegible]	11 BIRTHPLACE (State or foreign country) Va. 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13 FATHER'S NAME [illegible]	14. MOTHER'S MAIDEN NAME: [illegible]
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO. None	17. INFORMANT & ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

IMMEDIATE CAUSE (A) Coronary occlusion — 10 hrs.

ANTECEDENT CAUSE (B) DUE TO Hypertension — long standing

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21E INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/15, 1955, to 9/17, 1955, that I last saw the deceased alive on 9/17, 1955, and that death occurred at 2:10 P M, from the causes and on the date stated above.

SIGNATURE [illegible] M.D. ADDRESS 7506 New Hampshire Ave DATE SIGNED 9/17/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 9-20-55 — NAME OF CEMETERY OR CREMATORY [illegible] — LOCATION (City, town, or county) (State) [illegible]

DATE REC'D BY LOCAL REGISTRAR 9/18/1955 — REGISTRAR'S SIGNATURE Mrs. Jas. Lavere — 24. FUNERAL DIRECTOR F. Gasch's Sons ADDRESS Hyattsville Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

9310 **MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18** 09006

CERTIFICATE OF DEATH

Reg. Dist. No. 241

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Oxon Hill
LENGTH OF STAY (in this place) 68 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Pr Geo
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oxon Hill Md
STREET ADDRESS (If rural give location) 4427- Wheeler Rd S E

3. NAME OF DECEASED (Type or Print) (First) MINNIE (Middle) (Last) SCHREIBER

4. DATE OF DEATH (Month) Sept (Day) 27 (Year) 1955

5. SEX: Female 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed 8. DATE OF BIRTH: Dec 15 - 1880 9. AGE last birthday 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 10B KIND OF BUSINESS OR INDUSTRY: Domestic 11. BIRTHPLACE (State or foreign country): Germany 12 CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John Yantzenhuber 14. MOTHER'S MAIDEN NAME: Wilhemina Schreiber

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: Caroline M. Miland 4427 Wheeler Rd S E wash 20 D C

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 IMMEDIATE CAUSE (A) Coronary thrombosis — 5 mins

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Generalized arteriosclerosis — 5 yr.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Carcinoma tongue — 6 months

19A. DATE OF OPERATION 19B MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B PLACE OF INJURY (Home, farm, factory, street, office bldg., etc. 21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1955, to Sept 27, 1955, that I last saw the deceased alive on Sept 26, 1955, and that death occurred at 1:40 P M, from the causes and on the date stated above.

SIGNATURE John B Hogan M. D. ADDRESS 2210 Nichols Ave S E DATE SIGNED 9-27-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF Sept 30-55 NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery LOCATION (City, town, or county) Suitland (State) Md

DATE REC'D BY LOCAL REGISTRAR Sept 27-55 REGISTRAR'S SIGNATURE Edna F. Collins 24. FUNERAL DIRECTOR Simmons Bros ADDRESS 1661- Good Hope Rd S E: wash D C

VS. A15 — 10 - 53

9011

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09007
Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Accokeek
LENGTH OF STAY (in this place) 8 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Geo-
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Accokeek
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Jefferson (Middle) Davis Christopher (Last) Scoggins

4. DATE OF DEATH (Month) 9 (Day) 17 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 7-25-55
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 2 Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Allen Scoggins
14. MOTHER'S MAIDEN NAME: Mary Jane Colfer.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Father - Same address.

18. MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

491X

Immediate cause (a) Asphyxia
DUE TO
Antecedent cause(s) (b) Bronchopneumonia
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9-19-55

23. BURIAL, CREMATION, REMOVAL (Specify): [illegible]
DATE THEREOF [illegible]
NAME OF CEMETERY OR CREMATORY St. Mary's
LOCATION (City, town, or county) (State) [illegible] Md

DATE REC'D BY LOCAL REG. 9-20-55
REGISTRAR'S SIGNATURE Mrs Carrie Campbell
24. FUNERAL DIRECTOR ADDRESS [illegible]

VS. A15A - 5 - 53

8970

09008 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. ...

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) D.O.A
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Baltimore 3V:1-4
STREET ADDRESS (If rural, give location) 3606 Liberty Heights Ave

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) Benjamin (Last) Shapiro
4. DATE OF DEATH (Month) 9 (Day) 7 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11-25-94
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Druggist
10b. KIND OF BUSINESS OR INDUSTRY: Drugs-
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Shapiro
14. MOTHER'S MAIDEN NAME: Fannie Jacobs.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Dr Abraham Silver - Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

Immediate cause (a) Acute congestive heart failure
DUE TO
Antecedent cause(s) (b) Coronary thrombosis
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c) Coronary sclerosis.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,)
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry ☒, and find that death resulted from: Natural causes ☒ Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9-7-55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF 9-9-1955
NAME OF CEMETERY OR CREMATORY SOUTHERN AVE
LOCATION (City, town, or county) BALTO. (State) MD

DATE REC'D BY LOCAL REG. 9 8 55
REGISTRAR'S SIGNATURE A. N. Heinrich
24. FUNERAL DIRECTOR Jack Lewis Inc
ADDRESS 2100 Eutaw Pl.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09009

8971

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Cheverly, Md — LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) College Park, Md.
STREET ADDRESS (If rural give location) 4812 Berwyn Rd.

3. NAME OF DECEASED (Type or Print) (First) Esther (Middle) Cecelia (Last) Shipley

4. DATE OF DEATH (Month) Sept. (Day) 11, (Year) 1955

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH 12/6/74
9. AGE last birthday 80 yrs — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): St. Mary's County Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Spalding
14. MOTHER'S MAIDEN NAME: Martha Buckler

15. Was Deceased Ever in U.S. Armed Forces? (Yes, no or unk) no (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No. None
17. INFORMANT ADDRESS: Oliver Spalding 4812 Berwyn Road College Pk Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Carcinomatosis	2 mo.
ANTECEDENT CAUSE (S) DUE TO — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B)	Carcinoma of Thyroid	6+ mo.
DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Arteriosclerotic Heart Disease	5 years

1948

19A. DATE OF OPERATION. — 19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-15, 1955 to 9-11, 1955, that I last saw the deceased alive on 9-10, 1955, and that death occurred at 8⁴⁰ A.M. from the causes and on the date stated above.

SIGNATURE Waldo B. Moyers M.D. ADDRESS Mt. Rainier Md. DATE SIGNED 9-1-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 9/14/55 — NAME OF CEMETERY OR CREMATORY Mt Zion Cemetery Laurel Grove — LOCATION (City, town, or county) (State) St Mary's County Md

DATE REC'D BY LOCAL REGISTRAR 9/12/55 — REGISTRAR'S SIGNATURE Amanda Downey — 24. FUNERAL DIRECTOR W.W. Chambers Co — ADDRESS Riverdale Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

9012

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09010

CERTIFICATE OF DEATH

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Glenn Dale (Rural)
LENGTH OF STAY (in this place) 3 yrs, 9 mo's
HOSPITAL OR INSTITUTION OR STREET ADDRESS 08 Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 47X-5
STREET ADDRESS (If rural, give location) 1361 Girard St., N.W.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Buford (Last) Smith

4. DATE OF DEATH: (Month) Sept. (Day) 2 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 12/21/92

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printer

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): York, So., Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph W. Smith

14. MOTHER'S MAIDEN NAME: Emma Stevens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 579-09-4107

17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 002X

Immediate cause (a) Pulmonary tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs 10 mos
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/21, 1951, to 9/2, 1955, that I last saw the deceased alive on 9/1, 1955, and that death occurred at 1:35 A.m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Finucane (DEGREE OR TITLE) M.D. ADDRESS Glenn Dale Hospital, Glenn Dale, Maryland. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 9/6/55
NAME OF CEMETERY OR CREMATORY Washington National
LOCATION (City, town, or county) Suitland (State) Maryland.

DATE REC'D BY LOCAL REG. 9/2/55.
REGISTRAR'S SIGNATURE Albe Weiss
24. FUNERAL DIRECTOR Zirkle Funeral Home ADDRESS 210 C. St. NE Wash. D.C.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

8939 Item 12 Film 6236 9-21-55 et

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09011

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 15 HYATTSVILLE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5801 42nd Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 41X
STREET ADDRESS (If rural give location) 1330 Irving St. N. W.

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) A. (Last) STEWART

4. DATE OF DEATH: (Month) 9 (Day) 15 (Year) 1955

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 3/13/85
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman-
10B. KIND OF BUSINESS OR INDUSTRY: Alexander Hamilton institute
11. BIRTHPLACE (State or foreign country): Canada
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unobtainable
14. MOTHER'S MAIDEN NAME: unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Estelle M. Jones-1332 Irving St N. W. Washington, D. C.

18. MEDICAL CERTIFICATION

			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — 331X IMMEDIATE CAUSE	(A)	Cerebral Hemorrhage	8 hrs.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B)	arterial Hypertension	5 yrs.
	DUE TO (C)	arteriosclerosis	5 yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 13, 1955, to Sept. 14, 1955, that I last saw the deceased alive on Sept. 14, 1955, and that death occurred at 4:15 A. M. from the causes and on the date stated above.

SIGNATURE Harold F. McCann M. D. ADDRESS 3008-14th N.W. Wash. D.C. DATE SIGNED 9/15/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Cremation
DATE THEREOF: Sept 17, 1955
NAME OF CEMETERY OR CREMATORY: Fort Lincoln,
LOCATION (City, town, or county) (State): Colmar Manor Md

DATE REC'D BY LOCAL REGISTRAR: Sept. 15 1955
REGISTRAR'S SIGNATURE: Mrs. Jas. Severe) Deputy Reg.
24 FUNERAL DIRECTOR: The S H Hines Co.
ADDRESS: 2901-14th St N.W. D.C.

[illegible]

Item 7+8 · Film 3187
4/3/55 Drge.

9013

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09012

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
County: Pr. Georges
City or town: Rural - Randolph Village (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 Years
Hospital, institution, or street address where death occurred: Brightseat Rd Landover Md.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Maryland County: Pr Geos
City or town: Rural - Randolph Village (If outside city or town limits, write RURAL and give nearest town)
Street No.: Brightseat Rd Landover Md (If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Andrew Edmund Summers
3.(b) Social Security Number: 579-38-5599

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: Jennye Collier Summers
6.(c) If alive, give age: 69 years
7. Birth date of deceased (mo., day, yr.): Feb ~~27~~ 24 ~~1886~~ 1887
8. AGE: Years ~~68~~ 69 Months Days If less than one day ... hrs. ... min.
9. Birthplace: Washington D.C. (Town, county, and state)
10. Usual occupation: Snack Bar Supervisor
11. Industry or business: Govt. Bldgs.
FATHER 12. Name: Chas P. Summers
13. Birthplace: Wash D.C.
MOTHER 14. Maiden name: Alice Eliz. Davis
15. Birthplace: Wash D.C.
16. Informant: Mrs Andrew Summers
Address: Landover Md
17. Burial (Burial, cremation, or removal Which?) Date thereof: Sept 19 1955 (month) (day) (year)
Cemetery or crematory: Cedar Hill Cem.
Location: Suitland Md
18. Funeral director: The S H Hines Co.
Address: 2901-14th St. N.W. D.C.
19. Sept. 15" 1955 1955 (Date rec'd by registrar) Mrs. Jas. Severe, Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 15 1955, at 3:00 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 3 1954 to Sept 15 1955 and that I last saw him alive on Sept 14 1955

Immediate cause of death	DURATION
Congestive Heart Failure	1 Hour
Due to: Hypertensive Heart Disease	10 Years
Due to:	

443X

Other conditions
(Include pregnancy within 3 months of death)
Major findings of operations ... Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ... Injured at work?

23. SIGNATURE: W. Scott Ritchie MD, M.D. or other
Address: 7005 Ritchie Rd SE Wash 27 D.C. Date signed: 9/15/55

VS A15 9-45 15M

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09013

8972

CERTIFICATE OF DEATH

Reg. Dist. No. 2 31

1. PLACE OF DEATH: COUNTY Pr. Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 1 hr. 25 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale
STREET ADDRESS (If rural give location) 4509 Olive Street

3. NAME OF DECEASED (Type or Print) (First) James (Middle) HAMILTON (Last) Sweenie

4. DATE OF DEATH: (Month) 9 (Day) 27 (Year) 195-

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 11-24 1900
9. AGE last birthday 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Foreman
10B. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION WORK
11. BIRTHPLACE (State or foreign country) Scotland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: WILLIAM H. SWEENIE
14. MOTHER'S MAIDEN NAME: MARGARET DEANS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes. (If Yes, give war or dates of service) W.W. II
16. SOCIAL SECURITY NO. 001-16-7294
17. INFORMANT & ADDRESS. Hospital Card

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Coronary Thrombosis	4 hrs
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	DUE TO (B)	
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

4.20.4

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ——— , 19 , to 9/27, 195-, that I last saw the deceased alive on 9/27, 195-, and that death occurred at 10:20 P.M. from the causes and on the date stated above.

SIGNATURE John P. Chase M.D. ADDRESS Hyattsville Md DATE SIGNED 9-28-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 9/30/1955
NAME OF CEMETERY OR CREMATORY ARLINGTON NATL. CEM.
LOCATION (City, town, or county) (State) ARLINGTON, ARL. Co. VA.

DATE REC'D BY LOCAL REGISTRAR 9/29/55
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR W.W. CHAMBERS CO. ADDRESS RIVERDALE, MD

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct answers are especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15.1

9014

09014

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7191 Livingston Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural
STREET ADDRESS (If rural, give location) 7191 Livingston Rd

3. NAME OF DECEASED (Type or Print) (First) Frances (Middle) Rebecca (Last) Thorne

4. DATE OF DEATH (Month) 9 (Day) 12 (Year) 1955

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH 6-26-1875

9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY —Own Home

11. BIRTHPLACE (State or foreign country) Cedarville, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John W. Watson

14. MOTHER'S MAIDEN NAME Rawlings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Wm F. Thorne - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute congestive heart failure	
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiovascular renal disease	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John W. Haleney M.D. (Degree or title) Dep. Med. Exam. ADDRESS Hyattsville, Md. DATE SIGNED 9-12

BURIAL, CREMATION, REMOVAL (Specify) Removal

DATE THEREOF 9/12/55

NAME OF CEMETERY OR CREMATORY Simmons Bros. F.H.

LOCATION (City, town, or county) Anacostia (State) D. C.

DATE REC'D BY LOCAL REG. Sept. 15-55

REGISTRAR'S SIGNATURE Carrie Campbell

24. FUNERAL DIRECTOR Ritchie Bros. ADDRESS Upper Marlboro, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09015

9015

CERTIFICATE OF DEATH

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct cause of death is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

M

X 08

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glenn Dale (rural)
LENGTH OF STAY (in this place) 3 yrs., 4 mos. and 30 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY -
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 47K-3
STREET ADDRESS (If rural, give location) 70 S. St., N. W. ✓

3. NAME OF DECEASED: (Type or Print) (First) WILSON (Middle) R (Last) TIBBS

4. DATE OF DEATH: (Month) 9 (Day) 3 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3/30/1890

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months - Days - IF UNDER 24 HRS. Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Retired Government Employee

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Vivein Tibbs

14. MOTHER'S MAIDEN NAME: Josephine Hutchinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 1909-1911

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
002X
Immediate cause (a) pulmonary Tuberculosis
DUE TO
Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH 3 1/2 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-4, 1952, to 9-3, 1955, that I last saw the deceased alive on 9-2, 1955, and that death occurred at 7:45 a.m., from the causes and on the date stated above.

SIGNATURE Daniel Lee Finucane (DEGREE OR TITLE) M.D. ADDRESS Glenn Dale Hospital, Glenn Dale, Md. DATE SIGNED 9/2/55

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 9/4/55
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. 9/3/55
REGISTRAR'S SIGNATURE Alice Wein
24. FUNERAL DIRECTOR W. E. Jarvis Co. ADDRESS 1432 You St N.W.
W. Stewart

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09016

9016

CERTIFICATE OF DEATH

Reg. Dist. No. 241

1. PLACE OF DEATH
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Camp Springs, Maryland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1401st USAF Infirmary (MATS)

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Indiana COUNTY Unknown.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Garrett 52X-1
STREET ADDRESS (If rural give location) 300 S. Harrison

3. NAME OF DECEASED (Type or Print) (First) Emmett (Middle) Lorenzo (Last) Traxler Jr.
4. DATE OF DEATH (Month) Sep (Day) 17 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: Cau
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 27 Jan 1930
9. AGE last birthday 25 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Airman
10B KIND OF BUSINESS OR INDUSTRY: USAF
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Emmett Lorenzo Traxler Sr.
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 20 Dec 49 17 Sep 55
16. SOCIAL SECURITY NO. 315-26-4848
17. INFORMANT & ADDRESS: Military Records, Andrews AFB, Wash. D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 825X

INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Traumatic head injury. — 20 min

DUE TO

ANTECEDENT CAUSE (B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) Skull fracture compound, contusion and laceration of brain with shock.
DUE TO
(C) Automobile accident.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street
21C WHERE DID INJURY OCCUR? (City or town) Camp Springs (County) Prince George, (State) Maryland
21D. TIME OF INJURY (Month) Sep (Day) 17 (Year) 55 (Hour) 10:10AM
21E INJURY OCCURRED While at work ☐ Not while at work ☒
21F. HOW DID INJURY OCCUR? Auto accident

22. I hereby certify that I attended the deceased from 17 Sep, 1955, to 17 Sep, 1955, that I last saw the deceased alive on 17 Sep, 1955, and that death occurred at 1030 AM, from the causes and on the date stated above.

SIGNATURE John W Kimble Jr. M.D. ADDRESS AAFB D.C. DATE SIGNED Sept. 18, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 17 Sep 55
NAME OF CEMETERY OR CREMATORY Zimmerman Funeral Home
LOCATION (City, town, or county) (State) Garrett, Indiana

DATE REC'D BY LOCAL REGISTRAR 21 Sept 1955
REGISTRAR'S SIGNATURE Helen M. Michalek
24. FUNERAL DIRECTOR ADDRESS Rinaldi Funeral Home Inc., 816 H St., N.E. Wash., D.C.

VS. A15 — 10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

9/14/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09017

8973

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) County
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY P. G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville 16-15-1
STREET ADDRESS (If rural give location) 6211 - 30th Ave.

3. NAME OF DECEASED: (Type or Print) (First) Kenneth (Middle) R. (Last) Tyrell

4. DATE OF DEATH: (Month) 9 (Day) 10 (Year) 1955

5. SEX Male

6. COLOR OR RACE wht.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH 11-26-1921

9. AGE last birthday 33 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Estimator & Salesman

10B KIND OF BUSINESS OR INDUSTRY: Heslop Lumber Co.

11. BIRTHPLACE (State or foreign country): Pa. (Wilkes-Barre)

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13 FATHER'S NAME. Cecil Tyrrell

14. MOTHER'S MAIDEN NAME Irene Magraw

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS. Statistic Card

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 416X

IMMEDIATE CAUSE (A) Cerebral Embolism

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Rheumatic Heart Disease DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH 9-9-55

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE OF INJURY (Home, farm, factory street, office bldg., etc.)

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 9, 1955 to 9 10, 1955, that I last saw the deceased alive on 9 10, 1955 and that death occurred at 5:50 P.M., from the causes and on the date stated above.

SIGNATURE [illegible] M.D.
ADDRESS 5010 38th Ave
DATE SIGNED 9/10/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 9/13/55
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) (State) Colmar Manor, Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 12, 1955
REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR ADDRESS Nalley's Funeral Home, Inc. 3200 R. I. Ave. Mt. Rainier, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8974

CERTIFICATE OF DEATH

Reg. Dist. No. 09018 231

1 PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 28 Cheverly.
LENGTH OF STAY (in this place) 26 day-
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Geo. Gen- Hosp

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 5444- Tilden St

3 NAME OF DECEASED: (Type or Print) (First) James. (Middle) W. (Last) Vermillion

4. DATE OF DEATH (Month) SEPT (Day) 5 (Year) 1955

5. SEX male.
6. COLOR OR RACE White
7 SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH 17 Aug 1889.
9. AGE last birthday 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life even if retired) CONDUCTOR
10B. KIND OF BUSINESS OR INDUSTRY: PENN. R.R.
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13 FATHER'S NAME John W VERMillion
14. MOTHER'S MAIDEN NAME: EMMA SNEIdMAN

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Ruth E. VERmillion, SUNNY BROOK, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 IMMEDIATE CAUSE	(A) CORONARY Thrombosis	4weeks
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B)	
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 10, 1955, to Sept 5, 1955, that I last saw the deceased alive on Sept 5, 1955, and that death occurred at 6:20 P.M. from the causes and on the date stated above.

SIGNATURE [illegible] M.D. ADDRESS 3503 [illegible] St. Mt Rainier Md DATE SIGNED 9/5/55

23 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAl
DATE THEREOF SEPT-8-1955
NAME OF CEMETERY OR CREMATORY FORT LINCOLN
LOCATION (City, town, or county) (State) COlMAR MANOR - Md.

DATE REC'D BY LOCAL REGISTRAR 9/6/55
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR JWm Lee & Son ADDRESS 300-4 St, N.E Washington, D.C.

: 8975 09019

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly 28

LENGTH OF STAY (in this place) 2 hrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges

CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Greenbelt, Md 2

STREET ADDRESS (If rural, give location) 1B. Laurel Hill Road

3. NAME OF DECEASED: (Type or Print) (First) Daniel (Middle) Armond (Last) Villarial, Jr.

4. DATE OF DEATH (Month) 9 (Day) 19 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9-3-1952

9. AGE last birthday: 3 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel Armond Villarial, Jr.

14. MOTHER'S MAIDEN NAME: Rose Virginia Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Father - Same address

18. MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

919.0

Immediate cause (a) Hemorrhage and shock

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Gunshot wound of abdomen.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 9-19-55

19b. MAJOR FINDING OF OPERATION: Severance of right iliac from aorta - laceration of vena cava

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home

21c. (City or town) Greenbelt (County) Pr. Geo. (State) Md

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-19-55 4:35 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR? Gun carried by father fell to floor. discharged hitting child

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 9-19-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Sept 23, 1955

NAME OF CEMETERY OR CREMATORY Fort Lincoln

LOCATION (City, town, or county) (State) Colmar Manor Md

DATE REC'D BY LOCAL REG. 9/21/55

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR ADDRESS F. Gasch's Sons Hyattsville Md

VS. A15A-5-

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

8976

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1 09020

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 8 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) University Park
STREET ADDRESS (If rural give location) 6804 - 40th Ave.

3. NAME OF DECEASED (Type or Print) (First) HAZEL (Middle) SUZANNE (Last) Walsh

4. DATE OF DEATH (Month) Sept (Day) 7 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 8-6-1887
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Penn
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: William R. Campbell
14. MOTHER'S MAIDEN NAME: Ida M. Douglas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Hospital Records - Cheverly, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
174X IMMEDIATE CAUSE	(A)	Cerebral Vascular Accident	8 days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B)	Cardio Vascular Renal Disease	?
	DUE TO (C)	Carcinoma of Uterus	14 mos
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/30, 1955, to 9/6, 1955, that I last saw the deceased alive on 9/6, 1955, and that death occurred at 6:00 A M. from the causes and on the date stated above.

SIGNATURE Gordon W. Kelley M.D. ADDRESS Hyattsville DATE SIGNED 9/7/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Transportation
DATE THEREOF 9/7/55
NAME OF CEMETERY OR CREMATORY High Point
LOCATION (City, town, or county) (State) North Carolina

DATE REC'D BY LOCAL REGISTRAR 9/7/55
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gasch's Sons ADDRESS Hyattsville, Md

VS. A15 — 10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09021

9077

CERTIFICATE OF DEATH

Reg. Dist. No. 231/

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Cheverly
LENGTH OF STAY (In this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince George Gen Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Camp Springs, x
STREET ADDRESS (If rural give location) 7150--Brinkley Rd., S.E. /

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) B. (Last) WALTER

4. DATE OF DEATH: (Month) Sept. (Day) 7th (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 8, 1872

9. AGE last birthday 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. May Connell 2909--Harris Ave., Wheaton, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X

IMMEDIATE CAUSE (A) Pneumonia — 48 hrs.

ANTECEDENT CAUSE (B) DUE TO Mediastinal Mass — Unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) DUE TO Cerebral Vascular Accident — "

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/10, 1955, to 9/7, 1955, that I last saw the deceased alive on 9/6, 1955, and that death occurred at 10P M, from the causes and on the date stated above.

SIGNATURE John T. [illegible] M.D. ADDRESS 5440 Silver Hill Rd. S.E. DATE SIGNED 9/8/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Sept. 10, 1955

NAME OF CEMETERY OR CREMATORY St. John's Cemetery

LOCATION (City, town, or county) (State) Clinton (PR.GEO. CO.) Md.

DATE REC'D BY LOCAL REGISTRAR Sept 8-55

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Simmons Bros

ADDRESS 1661-Good Hope Rd., S.E. ~~Washington, D.C.~~

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09022

8079

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH COUNTY Prince Georges MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly LENGTH OF STAY (in this place) 32 days HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital	2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Md COUNTY P. G. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale STREET ADDRESS (If rural give location) 6100-44th Pl.
3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) MAGDALENE (Last) Wamsley	4. DATE OF DEATH (Month) 9 (Day) 17 (Year) 1955
5. SEX F 6. COLOR OR RACE W 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow 8. DATE OF BIRTH 11-6-1889	9. AGE last birthday 65 yrs IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK 10B. KIND OF BUSINESS OR INDUSTRY: GEN ACCO OFFICE U.S GOVT	11. BIRTHPLACE (State or foreign country): Tenn 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: JACKSON MC CRACKEN	14. MOTHER'S MAIDEN NAME: NANCY HAMPTON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None 16. SOCIAL SECURITY NO NONE	17. INFORMANT & ADDRESS BETTY JO BROWN-6100-44th PLACE RIVERDALE, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
592X IMMEDIATE CAUSE	(A) Uremia	
ANTECEDENT CAUSE (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	DUE TO (B) Chronic Nephritis	
	DUE TO (C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-2, 1955, to 9-17, 1955 That I last saw the deceased alive on 9-17, 1955, and that death occurred at 11:16 P.M. from the causes and on the date stated above.

SIGNATURE [illegible] M.D. ADDRESS Hyattsville, Md DATE SIGNED 9-18-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/20/1955	Fort Lincoln Cem	Colmar Manor P.G. Co, Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/18/55	Amanda Downey	W. W. Chambers Co,	Riverdale Md

9017

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09023

Reg. Dist. No. 242

1. PLACE OF DEATH:

County [illegible]

City or town [illegible] (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State [illegible] County [illegible]

City or town [illegible] (If outside city or town limits, write RURAL and give nearest town)

Street No. [illegible] (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME [illegible]

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
[illegible]	[illegible]	[illegible]

6.(b) Name of husband or wife [illegible]

6.(c) If alive, give age .... years

7. Birth date of deceased (mo., day, yr.) June. 2.

8. AGE: Years	Months	Days	If less than one day
73			...hrs. ...min.

9. Birthplace Washington. D.C. (Town, county, and state)

10. Usual occupation Retird

11. Industry or business

FATHER 12. Name Henry Washington

13. Birthplace Va.

MOTHER 14. Maiden name Annie Newson

15. Birthplace Va

16. Informant Rosa E. Washington

Address 7272 Kolb St

17. Removal (Burial, cremation, or removal. Which?) Date thereof Sept. 22-55 (month) (day) (year)

Cemetery or crematory

Location Washington D.C.

18. Funeral director W. Ernest Jarvis Co

Address 1432 You St N.W. (Wash. D.C.)

19. Sept. 22 1955 (Date rec'd by registrar) Carrie Campbell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH [illegible] 1955 at [illegible] M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 20 1955, to [illegible] 1955 and that I last saw h[illegible] alive on [illegible] 1955

Immediate cause of death [illegible] — DURATION [illegible]

Due to [illegible]

Due to [illegible]

Other conditions [illegible] (Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE C. Herbert Marshall M.D. (M.D. or other)

Address 2712 P St N.W. — Date signed 9-22-55

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

8979

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09024 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 239

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 41 Laurel
LENGTH OF STAY (in this place): 3 Mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Gunpowder Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town): Laurel 41
STREET ADDRESS (If rural, give location): Gunpowder Road.

3. NAME OF DECEASED (Type or Print): (First) Barbara (Middle) Ann (Last) Williams

4. DATE OF DEATH: (Month) 9 - (Day) 16 - (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 6-1-55

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 3 Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: James Williams

14. MOTHER'S MAIDEN NAME: Laura Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: mother [redacted]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 491X

Immediate cause (a) Pulmonary Edema
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Bronchopneumonia
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry ☒, and find that death resulted from: Natural causes ☒ Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9-16-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 9-19-55
NAME OF CEMETERY OR CREMATORY: Good Hope Cemetery
LOCATION (City, town, or county) (State): Colesville Md

DATE REC'D BY LOCAL REG.: 9/16/55
REGISTRAR'S SIGNATURE: M. Brashears
24. FUNERAL DIRECTOR: Robert F. Snowden
ADDRESS: Rockville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

8136

VS. A15A-5-53

8/37

(M)

(1)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

0565

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00025 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly — LENGTH OF STAY (in this place) 4 1/2 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY St. Mary's
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Dameron 1 x - 3
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Kermit (Last) Williams

4. DATE OF DEATH (Month) 9 (Day) 16 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-22-22

9. AGE last birthday: 32 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Truckdriver

10b. KIND OF BUSINESS OR INDUSTRY: Lumber

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Otis Williams

14. MOTHER'S MAIDEN NAME: Mollie Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Wife - Same address

18. MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

33-X

Immediate cause (a) Intracranial hemorrhage
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Rupture of aneurism of left
DUE TO
(c) middle cerebral artery

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒ Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 9-16-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 9-17-55 — NAME OF CEMETERY OR CREMATORY Family Cemetery — LOCATION (City, town, or county) Louisa Co. (State) Va.

DATE REC'D BY LOCAL REG. 9-17-55 — REGISTRAR'S SIGNATURE Amanda Dunney — 24. FUNERAL DIRECTOR B. J. Gardiner Sons — ADDRESS Hyattsville, Md.

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MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09026

8931

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 [illegible]
LENGTH OF STAY (in this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE — COUNTY 47X-3
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) D.C. N.W.
STREET ADDRESS (If rural give location) 1122 Vermont ave

3. NAME OF DECEASED (Type or Print) (First) Summer (Middle) [illegible] (Last) Williams

4. DATE OF DEATH (Month) 9 (Day) 17 (Year) 1955

5. SEX. M
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): S
8. DATE OF BIRTH: 1-1-22
9. AGE last birthday 33 yrs. If under 1 year: Months | Days. If under 24 hrs.: Hours | Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Car Washer
10B KIND OF BUSINESS OR INDUSTRY: Parking Lot
11. BIRTHPLACE (State or foreign country): D.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Sam Williams
14. MOTHER'S MAIDEN NAME: ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO
17 INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
581.0 IMMEDIATE CAUSE	(A)	Hepatic insufficiency with coma	4 days
ANTECEDENT CAUSE (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	DUE TO (B)		
	DUE TO (C)	Cirrhosis of the liver	years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		Hemorrhage from esophageal varix	11 days

19A. DATE OF OPERATION:
19B MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-7, 20 19 55, to 9-17, 19 55, that I last saw the deceased alive on 9-16, 19 55, and that death occurred at 6 P. M. from the causes and on the date stated above.

SIGNATURE Ronald A. Fischer M.D. ADDRESS 5431 Queens Chapel Rd Hyattsville DATE SIGNED 9/18/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)
DATE THEREOF 9/19/55
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR 9/19/55
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR R.N. Horton Co ADDRESS 1322 U St NW.

Items 3-4 Film 8-18 9/26/55

09027
Reg. Dist.

9018

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 243.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY PRINCE GEORGE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN W. LANHAM HILLS
LENGTH OF STAY (in this place) 15 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY PRINCE GEORGES
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN W. LANHAM HILLS
STREET ADDRESS (If rural, give location) 7701 EMERSON ROAD.

3. NAME OF DECEASED: (Type or Print) (First) CAREY (Middle) ROBERT (Last) WILLS

4. DATE OF DEATH (Month) September ~~JUNE~~ (Day) 7 7.45 AM. (Year) 1955.

5. SEX: M

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: 29 MAR 1891

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY: CONSTRUCTION

11. BIRTHPLACE (State or foreign country): W. VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John A. Wills

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY NO.: 579-01-6994

17. INFORMANT & ADDRESS: (SON) HOMER WILLS - #12 OLDHAM ROAD SILVER SPRING, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 77 X

Immediate cause (a) HEMORRHAGE AND SHOCK FROM GUNSHOT WOUND - (PENETRATING) LEFT CHEST - 5TH INTERSPACE 3 INCHES LEFT OF MID CLAV. LINE

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: IMMEDIATE

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. DEPRESSION - OVER DEATH OF WIFE - 2 WKS AGO

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc.,) OF INJURY HOME

21c. (City or town, (County) (State) 7701 EMERSON RD. - W. LANHAM HILLS P. G. COUNTY

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Sept 7 1955 7:45 A.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? SELF INFLICTED

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE John Kebol M.D. ACTING ~~CHIEF MEDICAL EXAMINER~~ ☐ DEPUTY MEDICAL EXAMINER ☐ M. D. ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED Sept 7 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 9/ /55

NAME OF CEMETERY OR CREMATORY Fort Lincoln

LOCATION (City, town, or county) (State) Colmar Manor, Md.

DATE REC'D BY LOCAL REG. 9-10-55

REGISTRAR'S SIGNATURE Mrs. Agnes M. Yingling

24. FUNERAL DIRECTOR ADDRESS Malleys Funeral Home, Inc. 3200 R.I. Ave. Mt. Rainier, Md

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MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

8931 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09028

CERTIFICATE OF DEATH

Reg. Dist. No. 435

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 7302 Wildwood Drive

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Same COUNTY Pr. Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park 17
STREET ADDRESS (If rural give location) 7302 Wildwood Drive 1

3. NAME OF DECEASED: (Type or Print) (First) Emanuel (Middle) (Last) Winston

4. DATE OF DEATH: (Month) 9 (Day) 26 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6-24-07
9. AGE last birthday 48 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Realator
10B KIND OF BUSINESS OR INDUSTRY: Real Estate
11. BIRTHPLACE (State or foreign country): Brooklyn, N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13 FATHER'S NAME: Morris Weinstein
14. MOTHER'S MAIDEN NAME: Anna

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Dorothy Winston - 7302 Wildwood Dr.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1
IMMEDIATE CAUSE (A) Acute Coronary Occlusion
INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-20, 1950, to 9-26, 1955, that I last saw the deceased alive on 9-19, 1955, and that death occurred at 5:40 P.M., from the causes and on the date stated above.
SIGNATURE Louis Rose, M.D. ADDRESS 915-19th St. N.W. Wash 6 DC DATE SIGNED 9/26/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Sept 28/55
NAME OF CEMETERY OR CREMATORY King David Cem
LOCATION (City, town, or county) (State) Fall Church Va.

DATE REC'D BY LOCAL REGISTRAR Sept. 27, 1955
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR B. Danzansky & Son
ADDRESS Wash, DC

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

8982

09929 Reg. Dist. No. 2031

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince George Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince George
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Maryland Park x
STREET ADDRESS (If rural give location) 105-64th Place

3. NAME OF DECEASED: (Type or Print) (First) Wilbur (Middle) (Last) Wise

4. DATE OF DEATH: (Month) 9 (Day) 10 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH: Jan 11-1911
9. AGE last birthday 44 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pressman Asst.
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): District of Columbia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Rose Wise
14. MOTHER'S MAIDEN NAME: Pauline Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Eleanor Wise

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

IMMEDIATE CAUSE (A) Carcinoma of Lung with — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Cerebral Metastases DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/24, 1955, to 9/10, 1955, that I last saw the deceased alive on 9/9, 1955, and that death occurred at 10:05 AM, from the causes and on the date stated above.

SIGNATURE John T. Cryan M.D. ADDRESS 3440 Silver Hill Rd S.E. D.C. DATE SIGNED 9/10/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 9/13/55
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Suitland, Md.

DATE REC'D BY LOCAL REGISTRAR 9/15/55
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR ADDRESS J. Wm Lee & Sons 300-4th St. Wash D.C.

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MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

9019

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 09030

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Adelphi
LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 8510 Adelphi Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Adelphi X
STREET ADDRESS (If rural give location) 8510 Adelphi Road

3. NAME OF DECEASED (Type or Print) (First) ~~Wood~~ JENNIE (Middle) E. (Last) WOOD ~~Jennie~~

4. DATE OF DEATH: (Month) Sept (Day) 24 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 14, 1870
9. AGE last birthday 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Albert Weldon
14. MOTHER'S MAIDEN NAME: Not Available

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Weldon C. Wood, 8510 Adelphi Rd Adelphi

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.0 IMMEDIATE CAUSE (A)	Congestive Heart Failure	2 yrs
ANTECEDENT CAUSE (S) DUE TO (B)	arteriosclerotic Heart Dis	2 yrs
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)	General arteriosclerosis	9 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to Sept 24, 1955, that I last saw the deceased alive on Sept 24, 1955, and that death occurred at 11:30 a M, from the causes and on the date stated above.
SIGNATURE L W Malin M.D. ADDRESS Riverdale Md DATE SIGNED 9/24/55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Sept. 26. 1955.
NAME OF CEMETERY OR CREMATORY George Washington Cemetery
LOCATION (City, town, or county) Prince Geo Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 24" 1955
REGISTRAR'S SIGNATURE Mrs. Jas. Lavere (Deputy)
24. FUNERAL DIRECTOR J. Arthur Walters ADDRESS 254 Carroll St NW. DC